

## **Dunbar, Paulette Dobynes (DHHS)**

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**From:** Dunbar, Paulette Dobynes (DHHS)  
**Sent:** Tuesday, August 09, 2016 4:56 PM  
**To:** Fink, Brenda (DHHS); Mayes, Nanette (DHHS)  
**Subject:** FW: Cover Letter and Response to Rep. Singh - Director's Office Assignment - Log # 07261603  
**Attachments:** Representative Singh Letter.pdf; FW: Director's Office Assignment - Log #07261603 May Contain Personal Health Information; Response to legislative inquiry into the Real Alternatives Program in Michigan 8 10 2016.docx; Cover Letter to RepSingh8.10.16.docx; Transmittal Formgreen.doc  
**Importance:** High

Brenda, I see you did not receive. The response to Rep Singh's questions are in the attachment labeled Response to legislative inquiry into the Real Alternatives Program in Michigan. Take a look; it is due to Paula on Wednesday the 10<sup>th</sup>. Sorry that does not give you much time, especially being out of town.

**From:** Stiles, Judy L. (DHHS)  
**Sent:** Tuesday, August 09, 2016 4:31 PM  
**To:** Mayes, Nanette (DHHS) <MayesN@michigan.gov>  
**Cc:** Charest, Deanna (DHHS) <CharestD@michigan.gov>; Derman, Barbara (DHHS) <DermanB@michigan.gov>; Dunbar, Paulette Dobynes (DHHS) <dunbarp@michigan.gov>; Hennesey, Diane (DHHS) <HenneseyD@michigan.gov>  
**Subject:** Cover Letter and Response to Rep. Singh - Director's Office Assignment - Log #07261603

**From:** Hennesey, Diane (DHHS)  
**Sent:** Tuesday, August 09, 2016 3:51 PM  
**To:** Mayes, Nanette (DHHS) <MayesN@michigan.gov>  
**Cc:** Dunbar, Paulette Dobynes (DHHS) <dunbarp@michigan.gov>; Charest, Deanna (DHHS) <CharestD@michigan.gov>; Stiles, Judy L. (DHHS) <stilesj@michigan.gov>  
**Subject:** FW: Cover Letter and Response to Rep. Singh - Director's Office Assignment - Log #07261603  
**Importance:** High

Nanette will you please get Brenda's approval and forward? Thank you.

**From:** Hennesey, Diane (DHHS)  
**Sent:** Tuesday, August 09, 2016 2:46 PM  
**To:** Dunbar, Paulette Dobynes (DCH) (dunbarp@michigan.gov) <dunbarp@michigan.gov>  
**Cc:** Stiles, Judy L. (DHHS) <stilesj@michigan.gov>  
**Subject:** FW: Cover Letter and Response to Rep. Singh - Director's Office Assignment - Log #07261603  
**Importance:** High

Paulette, the attached cover looks good. Will you please give it your magic touch and let me know if I can forward it onward and upward? Thanks.

**From:** Stiles, Judy L. (DHHS)  
**Sent:** Tuesday, August 09, 2016 1:23 PM  
**To:** Hennesey, Diane (DHHS) <HenneseyD@michigan.gov>  
**Subject:** FW: Cover Letter and Response to Rep. Singh - Director's Office Assignment - Log #07261603  
**Importance:** High

From: Dunbar, Paulette Dobynes (DHH5)  
Sent: Monday, August 08, 2016 5:34 PM  
To: Stiles, Judy L. (DHH5) <[stilesj@michigan.gov](mailto:stilesj@michigan.gov)>  
Cc: Charest, Deanna (DHHS) <[CharestD@michigan.gov](mailto:CharestD@michigan.gov)>; Derman, Barbara (DHHS) <[DermanB@michigan.gov](mailto:DermanB@michigan.gov)>; Hennesey, Diane (DHH5) <[HenneseyD@michigan.gov](mailto:HenneseyD@michigan.gov)>  
Subject: FW: Cover Letter and Response to Rep. Singh - Director's Office Assignment - Log #07261603  
Importance: High

Would you format the attached letter and response. Please prep the letter for Director Lyon's signature as directed by Paula and change the date to August 10 (the due date to Paula). Then this package goes to Diane, if she is here tomorrow. If not, it goes to Nanette and Brenda F.

Also attached is the original assignment email.

Thanks.

"Please assign a staff member to prepare a draft response for Director Lyon's signature. In order to meet the deadline and to afford time for Sue to review, the draft should be sent to our office no later than COB on 8/10"

From: Derman, Barbara (DHHS)  
Sent: Monday, August 08, 2016 4:59 PM  
To: Dunbar, Paulette Dobynes (DHHS) <[dunbarp@michigan.gov](mailto:dunbarp@michigan.gov)>; Stiles, Judy L. (DHHS) <[stilesj@michigan.gov](mailto:stilesj@michigan.gov)>; Charest, Deanna (DHHS) <[CharestD@michigan.gov](mailto:CharestD@michigan.gov)>  
Subject: Cover Letter to Rep. Singh

Draft cover letter, not sure who would sign it

*Barbara (Quess) Derman, MSW*  
Public Health Consultant, Reproductive & Preconception Health  
Michigan Department of Health and Human Services  
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909  
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968  
[DermanB@michigan.gov](mailto:DermanB@michigan.gov)

*Judy Stiles*

Dept. of Health and Human Services  
Division of Family and Community Health  
517-335-8499  
FAX 517-335-8822

## **Dunbar, Paulette Dobynes (DHHS)**

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**From:** Mayes, Nanette (DHHS)  
**Sent:** Friday, July 29, 2016 3:21 PM  
**To:** Dunbar, Paulette Dobynes (DHHS); Charest, Deanna (DHHS); Said, Manal (DHHS)  
**Cc:** Fink, Brenda (DHHS); Bouters, Janese (DHHS)  
**Subject:** FW: Director's Office Assignment - Log #07261603 May Contain Personal Health Information  
**Attachments:** Representative Singh Letter.pdf  
**Importance:** High  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Please see the attached assignment.

**From:** Bouters, Janese (DHHS)  
**Sent:** Friday, July 29, 2016 3:12 PM  
**To:** Mayes, Nanette (DHHS)  
**Subject:** FW: Director's Office Assignment - Log #07261603 May Contain Personal Health Information

Hi Nanette,

I believe this one falls within your area. Please let me know if not.

Please see Paula's instructions below. Due to her office by Aug 10 (Wed).

Thanks a lot!

Janese

**From:** Anderson, Paula (DHHS)  
**Sent:** Friday, July 29, 2016 2:50 PM  
**To:** LyonCallo, Sarah (DHHS) <[lyoncallos@michigan.gov](mailto:lyoncallos@michigan.gov)>  
**Cc:** Bouters, Janese (DHHS) <[BoutersJ@michigan.gov](mailto:BoutersJ@michigan.gov)>  
**Subject:** FW: Director's Office Assignment - Log #07261603 May Contain Personal Health Information

Please assign a staff member to prepare a draft response for Director Lyon's signature. In order to meet the deadline and to afford time for Sue to review, the draft should be sent to our office no later than COB on 8/10. Along with Karla Ruest, please copy Susan Moran. Thanks.

**From:** Danieli, Sharon (DHHS)  
**Sent:** Friday, July 29, 2016 1:22 PM  
**To:** Anderson, Paula (DHHS) <[AndersonP3@michigan.gov](mailto:AndersonP3@michigan.gov)>  
**Subject:** Director's Office Assignment - Log #07261603 May Contain Personal Health Information

Please note this email or attachment(s) may contain Personal Health Information (PHI). Please review carefully before forwarding this email or attachment(s).

Hi Paula,

Please prepare a response for the Director's signature by 8/12/16. Please copy Karla Ruest on the response as well.

As you know, the GOV Logs have a turnaround time of 5 business days and the regular Logs have a turnaround time of 10 business days.

If you have any questions, please let me know.

Thanks,

Sharan

## **Response to legislative inquiry into the Real Alternatives Program in Michigan**

- 1. What state funds, if any, are directly or indirectly allocated to crisis pregnancy centers in the state? Please provide a list of names and locations of such organizations that receive state funding.**

Real Alternatives, a nonprofit corporation of Harrisburg, Pennsylvania; is the contracted provider for the Michigan Pregnancy and Parenting Support Services Program. The organization subcontracts with local crisis pregnancy centers to deliver services. The program has been allocated General Funds as follows: FY 2014 – \$700,000, FY 2015 - \$800,000, and FY 2016 - \$50,000. For FY 2017, \$400,000 has been allocated, however, the funding source changed to Temporary Assistance for Needy Families (TANF), a federal source.

Due to a slow start up, the first two years the program was significantly underspent. As a result, the FY '14 contract was extended to a multi-year contract to allow for set up of service delivery and expenditure of the funding. Currently, the program operates under a multi-year contract 10/1/13 – 12/31/2016, which will need to be extended to include the FY 2017 funding and program expectations.

As of March 31, 2016, Real Alternatives has contracted with nine service providers in Michigan supporting a total 28 service sites, as reported in their most recent quarterly report. The services providers and their areas of operation are:

- Bethany Christian Services, located in several counties in the lower peninsula of Michigan
- Catholic Charities, Diocese of Kalamazoo
- Catholic Charities of South East Michigan
- Catholic Charities of West Michigan
- Catholic Social Services Washtenaw County
- Lennon Pregnancy Center, Dearborn Heights, MI
- Pregnancy Aid, Detroit, MI
- St. Vincent Catholic Charities, Lansing, MI
- Women's Care Center, Niles, MI

- 2. What federal funds, if any, are directly or indirectly allocated to crisis pregnancy centers in the state? Please provide a list of names and locations of such organizations receiving federal funding.**

Real Alternatives contract for the Michigan Pregnancy and Parenting Support Services Program has not included any federal funds in previous years. However, the FY 2017 State Budget allocated \$400,000 of TANF revenue for this program indicating it must promote childbirth, alternatives to abortion and grief counseling (Sec. 1307 of PA 268 of 2016).

- 3. How many women access services at state-funded crisis pregnancy centers on an annual basis? What are the demographic data of women accessing the services of a crisis pregnancy center including, but not limited to age ranges, race, education level, geographic region of the state?**

Other than this Michigan Pregnancy and Parenting Support Services Program by Real Alternatives, we are unaware of any state funding directed to any crisis pregnancy centers. As of March 31, 2016, Real Alternatives reported a total of 2,658 clients seen since the beginning of the program in October 2013. The program has grown each year; reporting 403 clients served in the first year, 1,379 clients in the second year, and 876 in the first two quarters of this fiscal year.

The service area is the southern Lower Peninsula, primarily Wayne, Berrien, Kalamazoo, Macomb, Cass, Oakland and Washtenaw Counties. Based on the most recent report, 68% of the women seen were pregnant seeking services, 24% were parents seeking services, and 8% were non-pregnant women who received pregnancy tests or education/counseling. In terms of race, 36% were white, 40% were African-American, 1% were Native American, 4% were multi-racial, and 5% identified as Hispanic. In terms of age, 25% were <20 year of age, 30% were 21-25 years, 25% were 26-30 years, and 19% were 31-40 years of age. Education level statistics are not reported.

4. **What services, both medical and non-medical, are provided by state-funded crisis pregnancy centers? How are clients informed of available services as well as what services are not provided?**

In the past and the current Section 1307 of PA 268 of 2017, require the following services for the qualified service providers of the Michigan Pregnancy and Parenting Support Program: free counseling, support, and referral services to eligible women during pregnancy through 12 months after birth. The stated goals for client outcomes are an increase in client support, in childbirth choice, adoption knowledge, parenting skills, and abstinence education.

The state funding contract with Real Alternatives identifies the following services to be provided free of charge to pregnant, non-pregnant and parenting women: pregnancy testing, evaluation of client needs, supportive counseling, parenting education, and referrals for prenatal, pediatric and other medical care, social services and other support services. The following services are identified to be offered to women who present for services but are found not to be pregnant: information about the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and counseling to modify risk-taking behavior.

Neither the funding legislation nor the state contract require that the program inform clients about what specific services are offered and what services are not offered through the program. The legislation specifies the goal of promoting childbirth, alternatives to abortion, and abstinence education. The contract indicates that all service providers must operate an alternative to abortion program and have a stated policy of actively promoting childbirth instead of abortion and must agree not to promote, refer, or counsel abortion as an option to a crisis or unplanned pregnancy. The contract also indicates that providers must understand that funding for alternatives to abortion services does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices, and must provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections.

5. **What medical and legal standards are state-funded crisis pregnancy centers held to in terms of providing medically accurate and objective information to clients? What are the medical and legal ramifications for state licensed medical professional or any member of staff at such a center carry for providing medically inaccurate information including, but not limited to, alleged links between abortions and breast cancer, the effects of abortion on future fertility and the effects of abortion on mental health?**

While some U.S. cities, counties, and one state, California, have legislated standards for crisis pregnancy centers to provide medically accurate information, accurately inform clients of the scope of their services, or provide information about comprehensive reproductive health services, we are not aware of any regulation or licensing of such centers in Michigan.

Michigan Pregnancy and Parenting Support Services Program operated by Real Alternatives does not operate or present itself as a medical care program. Providers offer free self-administered pregnancy test kits and provide counseling and referrals; some, but not all, providers offer food, clothing and/or furniture pantry visits for clients. The state contract specifies that all services are provided utilizing trained counselors (degreed, non-degreed and volunteers). Real Alternatives requires their providers to submit their counselor training materials, policies, and procedure manuals for evaluation and Real Alternatives provide training and monitor sites.

The state contract requires that the contractor assures that service providers establish and maintain referral lists to public and non-profit organizations providing care to mothers and infants to assure ongoing care and services. In addition, the contract requires that service providers are responsible to evaluate referral organizations to assure they comply with client needs. Referral sources must include: referrals for prenatal and pediatric care, medical care, social services and support services organizations. The contract also stipulates that providers are required to assure to Real Alternatives that their referral sources are pro-life.

The state contract requires that providers assure the following client safe guards: must be nondiscriminatory; serve all eligible clients including those with limited English proficiency; maintain client confidentiality; provide handicapped accessible services; and assure services are provided in a respectful, non-judgmental and culturally sensitive manner. The state contract requires all provider staff and volunteers have state police and child abuse background check clearances.

6. **Are State-funded crisis pregnancy centers required to disclose their religious affiliation to clients seeking services? If not, do any voluntarily disclose their religious affiliation?**

The only contractual requirement regarding religion in the state funded program is that providers must agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client. Most of the sub-contracted providers are religiously affiliated programs and provide services within their facilities. For faith-based providers, the contract work plan describes prohibited spiritual/religious activities and the required separation in terms of time and location between program activities and spiritual activities if a client requests spiritual support in addition to program services.

7. **Are any state licensed medical professional required to be on the premises or on the staff of a crisis pregnancy center? Whether required or not, how many licensed medical professionals are currently on staff at state-funded pregnancy centers? Do any crisis pregnancy centers inform clients whether or not the facility has any state licensed medical professionals on the premises or on its staff?**

The state funded Real Alternatives program does not require that subcontracted crisis pregnancy centers or service sites have licensed medical professional on the premises. Staff and volunteers are required to have training reviewed by the program according to its standards for counseling, but are not required by the state contract to disclose their training or licensure to clients.

8. **Do any state-funded crisis pregnancy centers provide ultrasound examinations? If so who performs and interprets the ultrasound? How are the results disclosed to clients, how are records maintained, and do clients have the ability to take a record of their ultrasound results with them?**

The state funded Real Alternatives program does not include ultrasound examinations in its scope of services and does not provide ultrasounds as a part of its pregnancy and parenting support services. Providers are required to have referral resources for medical care and services.

While the Real Alternatives program does not include providing ultrasounds, there are crisis pregnancy centers in Michigan that do offer ultrasounds. Centers offering free ultrasounds are currently listed on the MDHHS Informed Consent for Abortion website: [http://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_4909---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4909---,00.html)

9. Do crisis pregnancy centers collect any confidential medical information through their intake, examination process or other means? If so, how are such medical records stored and maintained? Who has access to them and are they in compliance with HIPAA or any other federal and state requirements governing medical privacy?

As noted above, the state funded Real Alternatives program is a non-medical program. However, given that clients are provided pregnancy test kits, counseling, education, and referral services that are then billed and reported to Real Alternatives, they do collect and handle personal, confidential information. Providers are required to assure confidentiality as part of the contract and have site review monitoring by Real Alternatives. Due to the slow start up of this program, MDHHS staff have not yet conducted any state site reviews for this program. We intend to begin service site reviews in FY 2017 to review compliance with the state contract.

10. How are billing rates and reimbursements for the state calculated? How do those rates compare with Medicaid billing rates?

Billing rates for the Real Alternatives program were established in consultation with the MDHHS Division of Contracts, Division of Family & Community Health and Real Alternatives at the beginning of this contract.

Since the Real Alternatives is not a medical program, comparison with Medicaid billing rates is difficult and the services provided are not equivalent in terms of medical requirements; however, a comparison of rates for something like a pregnancy test, a counseling visit, or class can be approximated:

- a) The rates for reimbursement for counseling or referral time (using non-licensed staff) in the Real Alternative program is \$1.09 per minute. The Medicaid rate for the professional preventive health counseling visit requiring licensed staff in the Maternal Infant Health Program (MIHP), a service for pregnant and infant parenting women would be \$60.72 a minimum half hour visit, which approximates to \$2.02 per minute.
- b) The rate for a class for the Real Alternatives program (parenting class, abstinence class) is \$21.80 (non-licensed staff). The Medicaid rate for the MIHP program is \$29.46 for birthing class and \$39.46 for parenting class (licensed staff).
- c) The Real Alternatives program rate for a self-administered pregnancy test kit is \$10.90. The Medicaid reimbursement rate for a urine pregnancy test run as part of a family planning visit in a Title X Family Planning clinic is \$4.74.



**11. How do state funded crisis pregnancy centers measure success of their goals? Does the state require performance tracking or a progress dashboard of any kind?**

The program initially set a client performance goal of 2,000 per year. In the first two years of operation, 1,782 women were served. As of March 31, 2016, Real Alternatives reported that 876 women had been served since the beginning of the current fiscal year. To date, the target of 2,000 women served per year has not been met, however the program has gotten service providers in plan and is starting to serve more women.

The state contract with Real Alternatives requires reporting of the following:

- a) Provider training and monitoring activities
- b) Expenditures
- c) Clients served by age, client type (pregnant, non-pregnant, parenting women), race, ethnicity, and county
- d) Services provided by counseling type, referral type, and classes; hotline calls/referrals, and public outreach activities
- e) Report of referrals for prenatal care and pediatric care
- f) Report of outcomes:
  - 1) Clients choosing childbirth
  - 2) Clients reporting prenatal care visits
  - 3) Clients reporting pediatric care visits
  - 4) Clients reporting Infants up-to-date on immunizations
  - 5) Clients reporting they felt supported at end of a counseling visit

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**  
**Public Health Administration**

**TRANSMITTAL WORK SHEET**  
**Correspondence**

TO: Nick Lyon

FROM: Barbara Derman

DATE: 8/10/16

COMMENTS (clear instructions please):

Cover Letter and Response to Representative Singh – Director's Office Assignment – Log #07261603

Preparer's Name and proof BD (Date) 8/8/16

Bureau/Office/Division Secretarial Proof \_\_\_\_\_ (Date) \_\_\_\_\_

Bureau/Office/Division Chief \_\_\_\_\_ (Date) \_\_\_\_\_

Deputy Director for Public Health Secretarial Proof \_\_\_\_\_ (Date) \_\_\_\_\_

	Action	Initial	Date
1. <u>Sarah LyonCallo</u>	_____	_____	_____
2. <u>Brenda Fink</u>	_____	_____	_____
3. <u>Paulette Dobyne Dunbar</u>	_____	<u>pdd</u>	<u>8/9/16</u>
4. <u>Deanna Charest</u>	_____	<u>dc</u>	<u>8/8/16</u>
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Upon approval completion, please return to Public Health Administration, 6<sup>th</sup> Floor CVB



69TH DISTRICT  
STATE CAPITOL  
P.O. BOX 30014  
LANSING, MI 48909-7514  
PHONE: (517) 373-1786  
FAX: (517) 373-5717  
E-MAIL: samsingh@house.mi.gov

MICHIGAN HOUSE OF REPRESENTATIVES

**SAM SINGH**  
HOUSE DEMOCRATIC FLOOR LEADER

COMMITTEES:  
APPROPRIATIONS  
SUBCOMMITTEES:  
HIGHER EDUCATION,  
MINORITY VICE CHAIR  
AGRICULTURE AND  
RURAL DEVELOPMENT  
GENERAL GOVERNMENT  
GOVERNMENT OPERATIONS

July 21, 2016

Nick Lyon  
Director  
Michigan Department of Health & Human Services  
Capitol View Building  
201 Townsend Street  
Lansing, Michigan 48913

Dear Director Lyon,

I write to you today to request a legislative inquiry into the state-funded Real Alternatives Program that funds crisis pregnancy centers in Michigan. Concerns regarding transparency of such organizations that receive state funds has been an ongoing issue. The purpose of my inquiry is to seek specific information regarding the various types of services crisis pregnancy centers provide to the women in communities around the state. In addition, I would like to know more about what standards such centers are held to in terms of medically accurate and objective information provided to patients, whether those providing such information are required to have a medical license as well as privacy standards for those seeking services. I respectfully request the information to the following questions:


1. What state funds, if any, are directly or indirectly allocated to crisis pregnancy centers in the state? Please provide a list of names and locations of such organizations that receive state funding.
2. What federal funds, if any, are directly or indirectly allocated to crisis pregnancy centers in the state? Please provide a list of names and locations of such organizations receiving federal funding.
3. How many women access services at state-funded crisis pregnancy centers on an annual basis? What are the demographic data of woman accessing the services of a crisis pregnancy center including, but not limited to age ranges, race, education level, geographic region of the state?
4. What services, both medical and non-medical, are provided by state-funded crisis pregnancy centers? How are clients informed of available services as well as what services are not provided?
5. What medical and legal standards are state-funded crisis pregnancy centers held to in terms of providing medically accurate and objective information to clients? What are the medical and legal ramifications for a state licensed medical professional or any member of staff at such a center carry for providing medically inaccurate information including, but not limited to alleged links between abortions and breast cancer, the effects of abortion on future fertility and the effects of abortion on mental health?
6. Are state-funded crisis pregnancy centers required to disclose their religious affiliation to clients seeking services? If not, do any voluntarily disclose their religious affiliation?
7. Are any state licensed medical professional required to be on the premises or on the staff of a crisis pregnancy center? Whether required or not, how many licensed medical professionals are

currently on staff at state-funded pregnancy centers? Do any crisis pregnancy centers inform clients whether or not the facility has any state licensed medical professionals on the premises or on its staff?

8. Do any state-funded crisis pregnancy centers provide ultrasound examinations? If so, who performs and interprets the ultrasound how are the results disclosed to clients, how are records maintained, and do clients have the ability to take a record of their ultrasound results with them?
9. Do crisis pregnancy centers collect any confidential medical information through their intake, examination process or other means? If so, how are such medical records are stored and maintained? Who has access to them and are they in compliance with HIPAA or any other federal and state requirements governing medical privacy?
10. How are billing rates and reimbursements for the state calculated? How do those rates compare to Medicaid billing rates?
11. How do state-funded crisis pregnancy centers measure success of their goals? Does the state require performance tracking or a progress dashboard of any kind?

Thank you for your time and attention to this matter. I look forward to hearing your response. In the meantime, if you have any questions or concerns please do not hesitate to contact my office at (517) 373-1786 or by email at [samsingh@house.mi.gov](mailto:samsingh@house.mi.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'Sam Singh', with a stylized, flowing script.

Sam Singh  
House Democratic Floor Leader  
69<sup>th</sup> District



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

August 10, 2016

The Honorable Sam Singh  
Michigan House of Representatives  
State Capitol  
P.O. Box 30014  
Lansing, MI 48909-7514

Dear Representative Singh:

Thank you for your legislative inquiry into the state-funded Real Alternatives Program called the Michigan Pregnancy and Parenting Support Services Program, which funds crisis pregnancy centers in Michigan to provide support services to pregnant and parenting women. The attached document responds to each of your questions regarding this program and crisis pregnancy centers in Michigan.

Thank you for your interest in women's health care and your concerns regarding services provided by publicly funded entities in Michigan. If you have further questions, please do not hesitate to contact me.

Sincerely,

Nick Lyon

NL:js

Attachment

## **Dunbar, Paulette Dobynes (DHHS)**

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**From:** Dunbar, Paulette Dobynes (DHHS)  
**Sent:** Tuesday, April 26, 2016 11:09 AM  
**To:** Fink, Brenda (DHHS); Charest, Deanna (DHHS)  
**Subject:** Fwd: Real Alternatives

Any reason we can't share.

Sent from my iPhone

Begin forwarded message:

**From:** Amy Zaagman <[azaagman@mcmch.org](mailto:azaagman@mcmch.org)>  
**Date:** April 26, 2016 at 10:40:47 AM EDT  
**To:** Dunbar Paulette Dobynes <[dunbarp@michigan.gov](mailto:dunbarp@michigan.gov)>, Deanna Charest  
<[CharestD@michigan.gov](mailto:CharestD@michigan.gov)>  
**Cc:** Bree Anderson <[banderson@mcmch.org](mailto:banderson@mcmch.org)>  
**Subject:** Real Alternatives

Hi ladies-

Can I get a summary of the last three fiscal years on this program? I would like to see the appropriations amount, the amount expended and lapsed.

Thanks -

Amy

Amy U. Zaagman  
Executive Director  
Michigan Council for Maternal and Child Health  
Office (517) 482-5807  
Cell (517) 230-1816  
[azaagman@mcmch.org](mailto:azaagman@mcmch.org)  
[www.mcmch.org](http://www.mcmch.org)

## **Dunbar, Paulette Dobynes (DHHS)**

---

**From:** Dunbar, Paulette Dobynes (DHHS)  
**Sent:** Wednesday, March 16, 2016 2:13 PM  
**To:** Fink, Brenda (DHHS)  
**Subject:** FW: Section 1301 Legislative Report due April 1, 2016 - Attachment O & P - Real Alternatives  
**Attachments:** Attachment O & P Leg Report.docx; Final LegRpt-Sec1301-dueApril 1 2016.docx; Boilerplate Correspondence Clearance Form 2016.doc  
**Importance:** High

See Attachment O & P for the two reports requested in the Boilerplate for Real Alternative-Pregnancy and Parenting Program. The attachments are the 2016 draft reports and the new correspondence clearance form required to move this report along. You have already passed the last time attachments along.

**From:** Wilkins, Rosemary (DHHS)  
**Sent:** Monday, March 14, 2016 5:12 PM  
**To:** Fink, Brenda (DHHS) <FinkB@michigan.gov>; Mayes, Nanette (DHHS) <MayesN@michigan.gov>  
**Cc:** Dunbar, Paulette Dobynes (DHHS) <dunbarp@michigan.gov>; Charest, Deanna (DHHS) <CharestD@michigan.gov>  
**Subject:** Section 1301 Legislative Report due April 1, 2016  
**Importance:** High

Attached please the Legislative Report for Sections 1301, 1307, 1308, 1311 - FY 2015 Appropriation Bill – Public Act 84 of 2015; along with the Boilerplate form (Financial Operations Admin Correspondence Clearance Form).

If you have any questions, please call or e-mail me. Hooray it is done😊

**Rosemary Wilkins, MPA**  
Michigan Department of Health  
and Human Services  
Reproductive Health Unit  
109 West Michigan Avenue  
Lansing, Michigan 48913  
517-241-6267  
[wilkinsr@michigan.gov](mailto:wilkinsr@michigan.gov)

DEPARTMENT OF COMMUNITY HEALTH  
APPROPRIATION # 14289 - PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT  
FY2015-16 ALLOCATIONS FOR PREGNANCY AND PARENTING SUPPORT  
URBAN COUNTIES

Contractor		2016 Allocation
Real Alternatives		\$50,000
TOTAL		\$50,000



DEPARTMENT OF COMMUNITY HEALTH  
APPROPRIATION # 14289 - PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT  
FY2014-15 EXPENDITURES FOR PREGNANCY AND PARENTING SUPPORT  
URBAN COUNTIES

Counties Served: Allegan, Berrien, Branch, Cass, Kalamazoo, Kent,  
Lapeer, Macomb, Oakland, St. Joseph, Van Buren, Wayne

Contractor	2014	Number
	Expenditures	of Clients Served
Real Alternatives	\$554,992	1,495
TOTAL	\$554,992	1,495

# **PLANNED ALLOCATIONS**

(FY 2015 Appropriation Bill – Public Act 84 of 2015)

**April 1, 2016**

Sec.1301. (1) Before April 1 of the current fiscal year, the department shall submit a report to the house and senate fiscal agencies and the state budget director on planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs. Using applicable federal definitions, the report shall include information on all of the following:

- (a) Funding allocations.
  - (b) Actual number of women, children, and adolescents served and amounts expended for each group for the immediately preceding fiscal year.
  - (c) A breakdown of the expenditure of these funds between urban and rural communities.
- (2) The department shall ensure that the distribution of funds through the programs described in subsection (1) takes into account the needs of rural communities.
- (3) For the purposes of this section, "rural" means a county, city, village, or township with a population of 30,000 or less, including those entities if located within a metropolitan statistical area.

Sec. 1307. From the funds appropriated in part 1 for prenatal care outreach and service deliver support, \$50,000.00 shall be allocated for a pregnancy and parenting support services program, which program must promote childbirth, alternatives to abortion, and grief counseling. The department shall establish a program with a qualified contractor that will contract with qualified service providers to provide free counseling, support, and referral services to eligible women during pregnancy through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in

parenting skills, and improved reproductive health through abstinence education. The contractor of the program shall provide for program training, client educational material, program marketing, and annual service provider site monitoring. The department shall submit a report to the house and senate appropriations subcommittees on the department budget and the house and senate fiscal agencies by April 1 of the current fiscal year on the number of clients served.

Sec.1308. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, not less than \$500,000.00 of funding shall be allocated for evidence-based programs to reduce infant mortality including nurse family partnership programs. The funds shall be used for enhanced support and education to nursing teams or other teams of qualified health professionals, client recruitment in areas designated as underserved for obstetrical and gynecological services and other high-need communities, strategic planning to expand and sustain programs, and marketing and communications of programs to raise awareness, engage stakeholders, and recruit nurses.

Sec. 1311. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, equal consideration shall be given to all eligible evidence-based providers in all regions in contracting for rural health visitation services.

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SECTION 1301 – Public Act 84 of 2015**

**Bureau of Family, Maternal and Child Health**

- Attachment A: FY15-16 Family Planning Local Agreements and Pregnancy Prevention Programs – Family Planning Allocations
- Attachment B: FY14-15 Family Planning Local Agreements and Pregnancy Prevention Programs – Family Planning Expenditures (Data for number served reflects Calendar Year 2015 which has not been certified by Office of Population Affairs Federal agency)
- Attachment C: FY15-16 Teen Pregnancy Prevention Initiative – Pregnancy Prevention Allocations
- Attachment D: FY14-15 Teen Pregnancy Prevention Initiative – Pregnancy Prevention Expenditures
- Attachment E: FY15-16 Local Maternal Child Health (MCH) Services Allocation
- Attachment F: FY14-15 Local Maternal Child Health (MCH) Services Expenditures
- Attachment G: FY15-16 Prenatal Care Outreach and Service Delivery Support Allocations for Home Visiting
- Attachment H: FY 14-15 Prenatal Care Outreach and Service Delivery Support Expenditures for Home Visiting
- Attachment I: FY15-16 Family, Maternal and Children's Health Services Prenatal Care Outreach and Service Delivery Support Infant Mortality Reduction Allocations
- Attachment J: FY14-15 Family, Maternal and Children's Health Services Prenatal Care Outreach and Service Delivery Support Infant Mortality Reduction Expenditures
- Attachment K: FY15-16 Family, Maternal and Children's Health Services Prenatal Care Outreach and Service Delivery Support Nurse-Family Partnership Allocations

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SECTION 1301 – Public Act 84 of 2015**

Attachment L: FY14-15 Family, Maternal and Children's Health Services  
Prenatal Care Outreach and Service Delivery Support  
Nurse-Family Partnership Expenditures

Attachment M: FY15-16 Prenatal Care Outreach and Service Delivery Support  
Allocations for Evidence Based Home Visiting

Attachment N: FY14-15 Prenatal Care Outreach and Service Delivery Support  
Expenditures for Evidence Based Home Visiting

Attachment O: FY 15-16 Prenatal Care Outreach and Service Delivery Support  
Allocations for Pregnancy and Parenting Support

Attachment P: FY 14-15 Prenatal Care Outreach and Service Delivery Support  
Expenditures for Pregnancy and Parenting Support

<b>Family Planning Local Agreements and Pregnancy Prevention Programs</b> <b>FAMILY PLANNING</b> <b>Fiscal Year 2015-16</b> <b>Allocations</b>			
Agency Served	Counties Served		Funding Allocation
	URBAN	RURAL	
Bay County Health Dept	Bay		\$66,886
Benzie-Leelanau District Health Dept		Benzie, Leelanau	\$20,258
Berrien County Health Dept	Berrien		\$123,245
Calhoun Health Department	Calhoun		\$105,980
Central Mich District Health Dept	Clare, Isabella	Arenac, Gladwin, Osceola, Roscommon	\$279,870
Chippewa County Health Dept	Chippewa		\$26,911
Delta-Menominee Public Health	Delta	Menominee	\$38,653
Dickinson-Iron District Health Dept		Dickinson, Iron	\$15,991
District Health Dept #2		Iosco, Ogemaw, Oscoda	\$47,069
District Health Dept #4		Alpena, Cheboygan, Montmorency, Presque Isle	\$65,403
District Health Dept #10		Crawford, Kalkaska, Lake, Manistee, Mason, Missaukee, Oceana	\$210,792
Family Planning Assoc of Allegan Co, Inc	Mecosta, Newaygo, Wexford Allegan		\$101,579
Genesee County Health Dept	Genesee		\$282,863

<b>Family Planning Local Agreements and Pregnancy Prevention Programs</b> <b>FAMILY PLANNING</b> <b>Fiscal Year 2015-16</b> <b>Allocations</b>				
Agency Served	Counties Served		Funding Allocation	
	URBAN	RURAL		
Grand Traverse County Health Dept	Grand Traverse		\$32,557	
Huron County Health Dept.	Huron		\$21,901	
Ingham County Health Dept	Ingham		\$256,392	
Lenawee County Health Dept	Lenawee		\$84,530	
Luce-Mackinac-Alger-Schoolcraft Health Dept		Alger, Luce, Mackinac, Schoolcraft	\$17,861	
Macomb County Health Department Family Planning Program	Macomb		\$359,973	
Marquette County Health Dept	Marquette		\$43,337	
Midland County Health Dept	Midland		\$48,031	
Mid-Michigan District Health Dept	Clinton, Gratiot, Montcalm		\$167,715	
Monroe County Health Dept	Monroe		\$80,833	
Northwest Mich Community Health Agency	Emmet	Antrim, Charlevoix, Otsego	\$60,290	
Oakwood Taylor Teen Health Center	Wayne		\$70,455	
Ottawa County Health Dept	Ottawa		\$165,072	

<b>Family Planning Local Agreements and Pregnancy Prevention Programs</b> <b>FAMILY PLANNING</b> <b>Fiscal Year 2015-16</b> <b>Allocations</b>			
Agency Served	Counties Served		Funding Allocation
	URBAN	RURAL	
Planned Parenthood Mid and South Mich	Berrien, City of Detroit, Genesee, Ingham, Jackson, Kalamazoo, Macomb, Oakland, Livingston, Saginaw, Washtenaw, Wayne		\$4,262,423
Planned Parenthood of West and Northern Mich	Emmet, Grand Traverse, Kent, Marquette, Mecosta, Muskegon		\$767,947
Saginaw County Dept of Public Health	Saginaw		\$127,648
Sanilac Health Dept	Sanilac		\$72,114
Tuscola County Health Dept	Tuscola		\$49,738
Western UP District Health Dept	Houghton	Baraga, Gogebic, Ontonagon	\$56,868
		<b>TOTAL</b>	<b>\$8,131,185</b>



Family Planning Local Agreements and Pregnancy Prevention Programs FAMILY PLANNING Fiscal Year 2014-2015 Expenditures					Adolescents $\leq 17$ Years of Age*		Women $\geq 18$ Years of Age*	
Agency Served	Counties Served		RURAL	Expenditures	# Served	# Served	# Served	# Served
	URBAN							
Bay County Health Dept	Bay			\$66,886	110	498		
Benzie-Leelanau District Health Dept			Benzie, Leelanau	\$20,257	35	190		
Berrien County Health Dept	Berrien			\$123,244	121	732		
Central Mich District Health Dept	Clare, Isabella		Arenac, Gladwin, Osceola, Roscommon	\$279,870	276	1,419		
Chippewa County Health Dept	Chippewa			\$26,911	77	478		
Delta-Menominee Public Health	Delta		Menominee	\$38,653	79	595		
Dickinson-Iron District Health Dept			Dickinson, Iron	\$15,991	52	401		
District Health Dept #2			Alcona, Iosco, Qgemaw, Oscoda	\$47,069	62	340		
District Health Dept #4			Alpena, Cheboygan, Montmorency, Presque Isle	\$65,403	51	261		
District Health Dept #10			Crawford, Kalkaska, Lake, Manistee, Mason, Missaukee, Oceana	\$210,792	225	1,449		
Family Planning Assoc of Allegan Co, Inc	Mecosta, Newaygo, Wexford Allegan			\$90,725	67	318		

\*Data for number served reflects Calendar Year 2015 which has not been certified by Office of Population Affairs Federal agency

Family Planning Local Agreements and Pregnancy Prevention Programs FAMILY PLANNING Fiscal Year 2014-15 Expenditures					Adolescents <17 Years of Age*	Women ≥18 Years of Age*
Agency Served	Counties Served		RURAL	Expenditures	# Served	# Served
	URBAN					
Genesee County Health Dept	Genesee			\$282,864	79	1,290
Grand Traverse County Health Dept	Grand Traverse			\$32,557	120	692
Huron County Health Dept.	Huron			\$21,901	63	329
Ingham County Health Dept	Ingham			\$256,392	37	2,026
Institute for Population Health, Inc	City of Detroit			\$585,383	611	1,604
Lenawee County Health Dept	Lenawee			\$84,530	97	614
Luce-Mackinac-Alger-Schoolcraft Health Dept			Alger, Luce, Mackinac, Schoolcraft	\$17,861	34	192
Macomb County Health Department Family Planning Program	Macomb			\$359,972	147	1,519
Marquette County Health Dept	Marquette			\$43,338	42	313
Midland County Health Dept	Midland			\$48,031	125	893
Mid-Michigan District Health Dept	Clinton, Gratiot, Montcalm			\$167,715	108	664
Monroe County Health Dept	Monroe			\$80,833	116	553
Northwest Mich Community Health Agency	Emmet		Antrim, Charlevoix, Otsego	\$60,291	94	641

\*Data for number served reflects Calendar Year 2015 which has not been certified by Office of Population Affairs Federal agency

<b>Family Planning Local Agreements and Pregnancy Prevention Programs</b> <b>FAMILY PLANNING</b> <b>Fiscal Year 2014-15 Expenditures</b>						Adolescents ≤17		Women ≥18	
Agency Served	Counties Served		RURAL	Expenditures	# Served	# Served	# Served	# Served	# Served
	URBAN								
Oakwood Taylor Teen Health Center	Wayne			\$70,455	136			230	
Ottawa County Health Dept	Ottawa			\$165,072	145			1,104	
Planned Parenthood Mid and South Mich	Berrien, City of Detroit, Clinton, Eaton Genesee, Ingham, Jackson, Macomb, Oakland, Livingston, SW Oakland, Saginaw, Shiawassee, Washtenaw, Wayne			\$3,746,383	2,735			31,545	
Planned Parenthood of West and Northern Mich	Emmet, Grand Traverse, Ionia, Kent, Marquette, Mecosta, Muskegon			\$767,947	686			8,691	
Saginaw County Dept of Public Health	Saginaw			\$127,648	164			1,346	
Sanilac Health Dept	Sanilac			\$72,115	65			309	
Tuscola County Health Dept	Tuscola			\$49,737	89			402	
Western UP District Health Dept	Houghton		Baraga, Gogebic, Keweenaw, Ontonagon	\$56,868	23			393	
<b>TOTALS</b>				<b>\$8,083,694</b>	<b>6,871</b>			<b>62,031</b>	

\*Data for number served reflects Calendar Year 2015 which has not been certified by Office of Population Affairs Federal agency

Michigan Department of Health and Human Services  
Bureau of Family, Maternal and Child Health  
Teen Pregnancy Prevention Initiative  
FY 2015-2016 Allocations

AGENCY	COUNTY		STATE FUNDING ALLOCATION
	RURAL	URBAN	
Calhoun County Public Health Department	--	Calhoun	\$210,000
Jackson County Health Department	--	Jackson	\$25,000
Starfish Family Services	--	Wayne	\$57,200
Berrien County Health Department	--	Berrien	\$64,351
Eaton Regional Education Service Agency	--	Ingham	\$54,152
MI Dept of Community Health Administration	--	Ingham	\$20,547
<b>TOTAL</b>			<b>\$431,250</b>

## Attachment D

Michigan Department of Health and Human Services  
Bureau of Family, Maternal and Child Health  
Teen Pregnancy Prevention Initiative  
FY 2014-2015 Expenditures

AGENCY	COUNTY		EXPENDITURES	ADOLESCENTS 17 YEARS & UNDER	ADOLESCENTS 18 YEARS & OLDER	GUARDIANS
	RURAL	URBAN				
Calhoun County Public Health Department	--	Calhoun	\$210,000	125	20	11
Jackson County Health Department	--	Jackson	\$25,000	198	0	15
Starfish Family Services	--	Wayne	\$57,200	15	41	3
Berrien County Health Department	--	Berrien	\$64,351	6	40	0
Eaton Regional Education Service Agency	--	Ingham	\$54,152	26	75	1
Brogan & Partners (Teen Pregnancy Prevention Public Service Announcement)	--	Wayne	\$20,547		176	
<b>TOTAL</b>			<b>\$431,250</b>	<b>370</b>	<b>352</b>	<b>30</b>

LOCAL MATERNAL CHILD HEALTH SERVICES				
Fiscal Year 2015-2016 Allocations				
HEALTH DEPARTMENT	Counties Served		TOTAL ALLOCATED	
	URBAN	RURAL		
ALLEGAN	Allegan		\$47,794	
BARRY-EATON	Barry, Eaton		\$67,824	
BAY	Bay		\$63,912	
BENZIE-LEELANAU		Benzie, Leelanau	\$15,490	
BERRIEN	Berrien		\$190,008	
BRANCH-HILLSDALE-ST. JOSEPH	Branch, Hillsdale, St Joseph		\$94,409	
CALHOUN	Calhoun		\$102,640	
CENTRAL MICH	Clare, Isabella	Arenac, Gladwin, Osceola, Roscommon	\$131,016	
CHIPPEWA	Chippewa		\$25,024	
DELTA-MENOMINEE	Delta	Menominee	\$38,799	
DETROIT	City of Detroit		\$1,709,654	
DICKINSON-IRON		Dickinson, Iron	\$25,225	
DISTRICT #2		Alcona, Iosco, Ogemaw, Oscoda	\$48,718	
DISTRICT #4		Alpena, Cheboygan, Montmorency, Presque Isle	\$60,416	

LOCAL MATERNAL CHILD HEALTH SERVICES			
Fiscal Year 2015-2016 Allocations			
HEALTH DEPARTMENT	Counties Served		TOTAL ALLOCATED
	URBAN	RURAL	
DISTRICT #10	Mecosta, Newaygo, Wexford	Crawford, Kalkaska, Lake, Manistee, Mason, Missaukee, Oceana	\$183,560
GENESEE	Genesee		\$322,297
GRAND TRAVERSE	Grand Traverse		\$38,283
HURON	Huron		\$32,689
INGHAM	Ingham		\$224,611
IONIA	Ionia		\$49,740
JACKSON	Jackson		\$88,189
KALAMAZOO	Kalamazoo		\$145,711
KENT	Kent		\$317,221
LAPEER	Lapeer		\$36,921
LENAWEE	Lenawee		\$47,088
LIVINGSTON	Livingston		\$39,490
LUCE-MACKINAC-ALGER-SCHOOLCRAFT HEALTH DEPT		Alger, Luce, Mackinac, Schoolcraft	\$34,962
MACOMB	Macomb		\$189,488
MARQUETTE	Marquette		\$42,526
MIDLAND	Midland		\$40,046

<b>LOCAL MATERNAL CHILD HEALTH SERVICES</b>			
<b>Fiscal Year 2015-2016 Allocations</b>			
<b>HEALTH DEPARTMENT</b>	<b>Counties Served</b>		<b>TOTAL ALLOCATED</b>
	<b>URBAN</b>	<b>RURAL</b>	
MID-MICHIGAN	Clinton, Gratiot, Montcalm		\$85,204
MONROE	Monroe		\$62,493
MUSKEGON	Muskegon		\$165,826
NORTHWEST	Emmet	Antrim, Charlevoix, Otsego	\$55,686
OAKLAND	Oakland		\$321,457
OTTAWA	Ottawa		\$81,214
SAGINAW	Saginaw		\$197,324
SANILAC	Sanilac		\$33,326
SHIAWASSEE	Shiawassee		\$41,111
ST.CLAIR	St. Clair		\$90,779
TUSCOLA	Tuscola		\$41,867
VAN BUREN - CASS	Cass, Van Buren		\$78,545
WASHTENAW	Washtenaw		\$106,158
WAYNE	Wayne		\$1,016,595
WESTERN UP	Houghton	Baraga, Gogebic, Keweenaw, Ontonagon	\$43,714
<b>GRAND TOTALS</b>			<b>\$6,875,050</b>



## LOCAL MATERNAL CHILD HEALTH SERVICES

## Fiscal Year 2014-2015 Expenditures

HEALTH DEPARTMENT	Counties Served		TOTAL EXPENDITURES	Services Provided to			
	URBAN	RURAL		# of Women	# of Children	# of Adolescents	TOTAL
ALLEGAN	Allegan		\$47,794	55	340	268	663
BARRY-EATON	Barry, Eaton		\$67,824	0	567	567	0
BAY	Bay		\$63,912	85	165	17	267
BENZIE-LEELANAU		Benzie, Leelanau	\$15,490	533	115	0	648
BERRIEN	Berrien		\$190,008	1,050	0	194	1,244
BRANCH-HILLSDALE-ST. JOSEPH	Branch, Hillsdale, St Joseph						
CALHOUN	Calhoun		\$94,409	0	6,226	0	6,226
CENTRAL MICH	Clare, Isabella	Arenac, Gladwin, Osceola, Roscommon	\$102,640	0	2,373	10,053	12,426
CHIPPEWA	Chippewa		\$131,016	0	1,805	0	1,805
DELTA-MENOMINEE	Delta	Menominee	\$25,024	126	0	0	126
DETROIT	City of Detroit		\$38,799	411	0	237	648
DICKINSON-IRON		Dickinson, Iron	\$974,396	432	411	277	1,120
DISTRICT #2			\$25,225	370	0	130	500
		Alcona, Iosco, Ogemaw, Oscoda	\$48,718	185	72	115	372
DISTRICT #4		Alpena, Cheboygan, Montmorency, Presque Isle					
			\$60,416	242	305	44	591

LOCAL MATERNAL CHILD HEALTH SERVICES							
Fiscal Year 2014-2015 Expenditures							
HEALTH DEPARTMENT	Counties Served		TOTAL EXPENDITURES	Services Provided to			
	URBAN	RURAL		# of Women	# of Children	# of Adolescents	TOTAL
DISTRICT #10	Mecosta, Newaygo, Wexford	Crawford, Kalkaska, Lake, Manistee, Mason, Missaukee, Oceana		1,624	442	484	2,550
GENESEE	Genesee		\$183,560	0	2,952	1,365	4,317
GRAND TRAVERSE	Grand Traverse		\$38,283	534	534	0	1,068
HURON	Huron		\$32,689	23	22	7	52
INGHAM	Ingham		\$224,611	0	37,972	2,714	40,686
IONIA	Ionia		\$49,740	64	1,205	0	1,269
JACKSON	Jackson		\$88,189	0	4,087	0	0
KALAMAZOO	Kalamazoo		\$145,711	0	744	801	1,545
KENT	Kent		\$317,221	583	1,467	29	2,079
LAPEER	Lapeer		\$36,921	0	2,101	0	2,101
LENAWEE	Lenawee		\$47,088	257	0	0	257
LIVINGSTON	Livingston		\$39,490	374	325	97	796
LUCE-MACKINAC-ALGER-SCHOOLCRAFT HEALTH DEPT		Alger, Luce, Mackinac, Schoolcraft					
			\$34,962	30	47	10	87

LOCAL MATERNAL CHILD HEALTH SERVICES							
Fiscal Year 2014-2015 Expenditures							
HEALTH DEPARTMENT	Counties Served		TOTAL EXPENDITURES	Services Provided to			TOTAL
	URBAN	RURAL		# of Women	# of Children	# of Adolescents	
MACOMB	Macomb		\$189,488	0	5,208	3,539	8,747
MARQUETTE	Marquette		\$42,526	90	101	0	191
MIDLAND	Midland		\$39,641	61	466	249	776
MID-MICHIGAN	Clinton, Gratiot, Montcalm		\$85,204	1,228	0	325	1,553
MONROE	Monroe		\$62,493	1,431	0	361	1,792
MUSKEGON	Muskegon		\$165,826	0	1,556	0	0
NORTHWEST	Emmet	Antrim, Charlevoix, Otsego					
OAKLAND	Oakland		\$55,686	706	223	438	1,367
OTTAWA	Ottawa		\$321,457	98	90	24	212
SAGINAW	Saginaw		\$81,214	110	193	1,674	1,977
SANILAC	Sanilac		\$197,324	1,243	0	313	1,556
SHIAWASSEE	Shiawassee		\$33,326	0	386	154	540
ST.CLAIR	St. Clair		\$41,111	411	508	0	919
TUSCOLA	Tuscola		\$90,779	15	231	1,452	1,698
VAN BUREN - CASS	Cass, Van Buren		\$41,867	0	163	321	484
WASHTENAW	Washtenaw		\$78,545	0	1,746	253	1,999
			\$106,158	0	6	5	11

<b>LOCAL MATERNAL CHILD HEALTH SERVICES</b>							
<b>Fiscal Year 2014-2015 Expenditures</b>							
<b>HEALTH DEPARTMENT</b>	<b>Counties Served</b>		<b>TOTAL EXPENDITURES</b>	<b>Services Provided to</b>			<b>TOTAL</b>
	<b>URBAN</b>	<b>RURAL</b>		<b># of Women</b>	<b># of Children</b>	<b># of Adolescents</b>	
WAYNE	Wayne		\$850,219	3	30,918	30,406	61,327
WESTERN UP	Houghton	Baraga, Gogebic, Keweenaw, Ontonagon	\$43,714	423	0	98	521
<b>GRAND TOTALS</b>			<b>\$5,933,228</b>	<b>12,797</b>	<b>106,072</b>	<b>56,454</b>	<b>169,113</b>

Prenatal Care Outreach and Service Delivery Support Home Visiting Fiscal Year 2015-16 Allocations				
Agency	Counties Served		Funding Allocation	
	URBAN	RURAL		
Calhoun Intermediate School District-Local Leadership Group	Calhoun		\$50,000	
Capital Area Community Services -Early Head Start Home Based	Ingham		\$177,399	
Catholic Charities of West Michigan – Healthy Families America/Local Leadership Group	Muskegon		\$409,721	
Early Childhood Investment Corporation		Statewide	\$180,000	
Everybody Ready - Local Leadership Group	Wayne		\$50,000	
Expand Evidence Based Home Visiting Direct Services		Statewide	\$521,000	
Family Futures – Local Leadership Group Healthy Families America	Kent		\$735,540	
Genesee County Health Dept. - Local Leadership Group	Genesee		\$50,000	
Genesee County Community Action Resource Dept. – Early Head Start Home Based	Genesee		\$203,743	
Implementation and Expansion of Early Head Start and Healthy Families America		Statewide	\$1,115,561	

Prenatal Care Outreach and Service Delivery Support Home Visiting Fiscal Year 2015-16 Allocations				
Agency	Counties Served		Funding Allocation	
	URBAN	RURAL		
Ingham Intermediate School District Local Leadership Group/Healthy Families America	Ingham		\$367,014	
Inter-Tribal Council of MI	Berrien, Cass, Van Buren	Allegan, Alger, Antrim, Benzie, Charlevoix, Chippewa, Grand Traverse, Leelanau, Schoolcraft	\$200,000	
Kalamazoo County Health Dept. and Community Services - Healthy Families America	Kalamazoo		\$234,696	
Michigan Public Health Institute	Statewide		\$1,934,111	
Michigan Primary Care Association	Statewide		\$10,000	
Oakland County Intermediate School District - Local Leadership Group	Oakland		\$50,000	
Oakland/Livingston Human Services Agency – Early Head Start Home Based	Oakland		\$238,660	
Saginaw Intermediate School District	Saginaw		\$569,959	
Spaulding for Children	Wayne		\$273,577	
St. Clair County Health Department - Local Leadership Group	St. Clair		\$50,000	

Prenatal Care Outreach and Service Delivery Support Home Visiting Fiscal Year 2015-16 Allocations				
Agency	Counties Served		Funding Allocation	
	URBAN	RURAL		
United Way of Southwest - Local Leadership Group	Berrien		\$50,000	
Wayne County Health Department - Healthy Families America	Wayne		\$228,270	
	TOTAL		\$7,699,251	

Prenatal Care Outreach and Service Delivery Support Home Visiting Fiscal Year 2014-15 Expenditures						Children		Women	
Agency	Counties Served		Expenditures	# Served	# Served	Children	# Served	Women	# Served
	URBAN	RURAL							
Calhoun Intermediate School District - Local Leadership Group	Calhoun		\$45,706	NA	NA			NA	
Capital Area Community Services – Early Head Start Home Based	Ingham		\$173,907	44	38				
Catholic Charities of West Michigan – Local Leadership Group/Healthy Families America	Muskegon		\$380,098	90	92				
Early Childhood Investment Corporation		Statewide	\$175,000	NA	NA				
Everybody Ready – Local Leadership Group /Home Visiting Centralized Access HUB	Wayne		\$100,000	NA	NA				
Family Futures – Local Leadership Group/Healthy Families America	Kent		\$906,925	145	144				
First Steps Kent - HUB	Kent		\$50,000	NA	NA				
Genesee County Health Dept. – Local Leadership Group/HUB	Genesee		\$99,000	NA	NA				
Genesee County Community Action Resource Dept. - Early Head Start	Genesee		\$183,743	37	31				
Ingham County Health Dept. - HUB	Ingham		\$50,000	NA	NA				
Ingham Intermediate School District – Local Leadership Group/Healthy Families America	Ingham		\$362,014	16	17				



Prenatal Care Outreach and Service Delivery Support Home Visiting Fiscal Year 2014-15 Expenditures						Children		Women	
Agency	Counties Served		Expenditures	# Served	# Served	# Served	# Served	# Served	# Served
	URBAN	RURAL							
Inter-Tribal Council of MI	Benien, Cass, Van Buren	Allegan, Antrim, Benzie, Charlevoix, Chippewa, Grand Traverse, Leelanau	\$200,000	58	68				
Kalamazoo County Health Dept. and Community Services - Healthy Families America	Kalamazoo		\$151,696	9	16				
Michigan Public Health Institute		Statewide	\$1,919,135	NA	NA				
Michigan Primary Care Association		Statewide	\$109,601	NA	NA				
Nurse Family Partnership-National Service Office		Statewide	\$26,156	NA	NA				
Oakland Schools - Local Leadership Group	Oakland		\$32,344	NA	NA				
Oakland/Livingston Human Services Agency Early Head Start Home Based	Oakland		\$238,660	19	20				
Saginaw County Community Mental Health Association - HUB	Saginaw		\$50,000	NA	NA				
Saginaw Intermediate School District – Early Head Start Home Based, Healthy Families America, Local Leadership Group	Saginaw		\$551,721	49	43				

Prenatal Care Outreach and Service Delivery Support Home Visiting Fiscal Year 2014-15 Expenditures							Children		Women	
Agency	Counties Served		Expenditures	# Served	# Served		# Served		# Served	
	URBAN	RURAL								
Statewide			\$88,368	NA	NA					
Southeast MI Health Association	Wayne		\$271,327	39	38					
Spaulding for Children - Healthy Families America	St. Clair		\$100,000	NA	NA					
St. Clair County Health Department -- HUB, Local Leadership Group	Berrien		\$100,000	NA	NA					
United Way of Southwest MI -- Local Leadership Group/HUB	Wayne		\$226,020	50	74					
Wayne County Health Department			\$6,591,421	498	513					
		TOTAL								

Family, Maternal and Children's Health Services Prenatal Care Outreach and Service Delivery Support Infant Mortality Reduction Fiscal Year 2015-16 Allocations				
Agency	Counties Served		Funding Allocation	
	URBAN	RURAL		
Administration	Statewide		\$1,707,749	
Berrien County Health Dept	Berrien		\$22,500	
Birthing Hospitals	Barry, Bay, Berrien, Branch, Calhoun, Chippewa, Delta, Emmet, Genesee, Grand Traverse, Gratiot, Hillsdale, Houghton, Huron, Ingham, Iosco, Isabella, Jackson, Kalamazoo, Kent, Lapeer, Lenawee, Macomb, Marquette, Mecosta, Midland, Montcalm, Monroe, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, Shiawassee, St. Clair, St. Joseph, Wayne, Washtenaw, Wexford	Alpena, Charlevoix, Crawford, Dickinson, Gogebic, Iosco, Mason, Manistee, Otsego,	\$254,890	
Brogan and Partners	Statewide		300,000	
Calhoun County Health Dept	Calhoun		\$22,500	

<b>Family, Maternal and Children's Health Services</b> <b>Prenatal Care Outreach and Service Delivery Support</b> <b>Infant Mortality Reduction</b> <b>Fiscal Year 2015-16</b> <b>Allocations</b>				
Agency	Counties Served		Funding Allocation	
	URBAN	RURAL		
City of Detroit	Wayne		\$45,000	
Genesee County Health Dept	Genesee		\$22,500	
Ingham County Health Dept	Ingham		\$22,500	
Inter-Tribal Council of MI	St. Joseph, Saginaw, Van Buren, Wayne, Wexford	Schoolcraft	\$22,500	
Kalamazoo County Health Department and Community Services	Kalamazoo		\$22,500	
Kent County Health Dept	Kent		\$22,500	
Macomb County Health Dept	Macomb		\$22,500	
Michigan Primary Care Association	Bay, Calhoun, Muskegon		\$415,921	
Michigan Public Health Institute	Statewide		\$360,092	
Michigan Public Health Institute Promising Practices in Reducing Infant Mortality	Berrien, Genesee, Ingham, Kalamazoo, Kent, Oakland, Saginaw Wayne, Washtenaw		\$149,548	

<b>Family, Maternal and Children's Health Services Prenatal Care Outreach and Service Delivery Support Infant Mortality Reduction Fiscal Year 2015-16 Allocations</b>				
Agency	Counties Served		Funding Allocation	
	URBAN	RURAL		
Michigan State University	Statewide		\$178,315	
Michigan Society of Neonatologists	Statewide		\$7,500	
Munson Healthcare	Wexford	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon	\$125,000	
Oakland County Health Division	Oakland		\$22,500	
Regents of University of Michigan	Ingham		\$2,345	
Saginaw County Health Dept	Saginaw		\$22,500	
Southeast Michigan Health Association	Statewide		\$123,016	
Vanderbilt University	Statewide		\$3,920	
Vermont Oxford Network	Statewide		\$7,500	

Family, Maternal and Children's Health Services Prenatal Care Outreach and Service Delivery Support Infant Mortality Reduction Fiscal Year 2015-16 Allocations			
Agency	Counties Served		Funding Allocation
	URBAN	RURAL	
Washtenaw County Public Health Dept	Washtenaw		\$22,500
Wayne County Health Dept	Wayne		\$45,000
		TOTAL	\$3,973,296

<b>Family, Maternal and Children's Health Services</b> <b>Prenatal Care Outreach and Service Delivery Support</b> <b>Infant Mortality Reduction</b> <b>Fiscal Year 2014-15</b> <b>Expenditures</b>				
Agency	Counties Served		RURAL	Expenditures
	URBAN	Statewide		
Administration				\$662,962
Birthing Hospitals	Barry, Bay, Berrien, Calhoun, Chippewa, Clare, Emmet, Genesee, Grand Traverse, Hillsdale, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kent, Lapeer, Lenawee, Livingston, Macomb, Mecosta, Midland, Montcalm, Monroe, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, Shiawassee, Tuscola, St. Clair, Wayne, Van Buren, Washtenaw, Wexford		Alcona, Alpena, Allegan, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Crawford, Gogebic, Kalkaska, Leelanau, Manistee, Montmorency, Missaukee, Ogemaw, Ontonagon, Oscoda, Otsego, Presque Isle, Roscommon	\$280,000
	Berrien			\$22,500
		Statewide		\$300,000
Berrien County Health Dept				
Brogan and Partners				

<b>Family, Maternal and Children's Health Services</b> <b>Prenatal Care Outreach and Service Delivery Support</b> <b>Infant Mortality Reduction</b> <b>Fiscal Year 2014-15</b> <b>Expenditures</b>			
Agency	Counties Served		Expenditures
	URBAN	RURAL	
Calhoun County Health Dept	Calhoun		\$22,500
Inter-Tribal Council of MI	St. Joseph, Saginaw, Van Buren, Wayne, Wexford	Schoolcraft	\$22,500
Kalamazoo County Health Department and Community Services	Kalamazoo		\$22,500
Kent County Health Dept	Kent		\$122,500
Macomb County Health Dept	Macomb		\$77,110
Michigan Primary Care Association	Bay, Calhoun, Muskegon		\$390,213
Michigan Public Health Institute	Statewide		\$310,024
Michigan Public Health Institute Promising Practices in Reducing Infant Mortality	Berrien, Genesee, Ingham, Kalamazoo, Kent, Oakland, Saginaw Wayne, Washtenaw		\$120,279
Michigan State University	Statewide		\$143,489



<b>Family, Maternal and Children's Health Services</b> <b>Prenatal Care Outreach and Service Delivery Support</b> <b>Infant Mortality Reduction</b> <b>Fiscal Year 2014-15</b> <b>Expenditures</b>				
Agency	Counties Served		Expenditures	
	URBAN	RURAL		
Oakland County Health Dept	Oakland		\$22,500	
Michigan Society of Neonatologists		Statewide	\$7,279	
Regents of University of Michigan	Ingham		\$17,292	
Saginaw County Health Dept	Saginaw		\$22,500	
Southeast Michigan Health Association		Statewide	\$122,533	
Vermont Oxford Network		Statewide	\$55,400	
Washtenaw County Public Health Dept	Washtenaw		\$22,500	
Wayne County Health Dept	Wayne		\$22,500	
	<b>TOTAL</b>		<b>\$3,789,081</b>	

**Family, Maternal and Children's Health Services**  
**Prenatal Care Outreach and Service Delivery Support**  
**Nurse-Family Partnership**  
**Fiscal Year 2015-16 Allocations**

**URBAN COUNTIES**

County	Allocations
Berrien County	\$599,806
Calhoun County	\$485,000
City of Detroit	\$749,139
Genesee County <sup>1</sup>	\$485,000
Genesee County – Flint <sup>2</sup>	\$500,000
Ingham County	\$505,300
Kalamazoo County	\$495,105
Kent County	\$646,050
Oakland County	\$641,040
Saginaw County	\$485,750
<b>TOTAL</b>	<b>\$5,592,190</b>

<sup>1</sup>Includes Health and Wellness \$50,000

<sup>2</sup> Flint Declaration of Emergency

Total = All Sources of Funds

**Family, Maternal and Children's Health Services**  
**Prenatal Care Outreach and Service Delivery Support**  
**Nurse-Family Partnership**  
**Fiscal Year 2014-15 Expenditures**

**URBAN COUNTIES**

Communities Served	Expenditures	Number of Children	Number of Women
Berrien County	\$599,806	96	144
Calhoun County	\$389,553	82	108
City of Detroit	\$914,019	139	225
Genesee County Health Department	\$67,005	21	32
Genesee -- Hurley <sup>1</sup>	\$444,583	15	79
Ingham County	\$510,300	95	153
Kalamazoo County	\$501,960	79	116
Kent County	\$658,175	108	207
Oakland County	\$646,040	121	159
Saginaw County	\$485,750	70	115
<b>TOTALS</b>	<b>\$5,217,191</b>	<b>826</b>	<b>1,338</b>

<sup>1</sup>Includes Health and Wellness \$50,000  
Total = All Sources of Funds

**Prenatal Care Outreach and Service Delivery Support  
for Evidence Based Home Visiting  
Fiscal Year 2015-16  
Allocations**

**RURAL COUNTIES**

<b>Contractor</b>	<b>2016 Allocations</b>
Health Dept. of Northwest MI-Region 2/3 <sup>1</sup>	\$1,258,666
Luce-Mackinac-Alger-Schoolcraft District Health Dept.-Region 1 <sup>1</sup>	\$629,333
<b>TOTAL</b>	<b>\$1,887,999</b>

<sup>1</sup> Includes Accounting Year 15 Work Project Rural Home Visiting

**Prenatal Care Outreach and Service Delivery Support  
for Evidence Based Home Visiting  
Fiscal Year 2014-15  
Expenditures**

**RURAL COUNTIES**

<b>Communities Served</b>	<b>Expenditures</b>	<b>Number of Children</b>	<b>Number of Women</b>	<b>Number of Families</b>
Luce/Mackinac/Alger/Schoolcraft District Health Dept. - Region 1	\$465,000	14	24	23
Health Dept. of Northwest MI- Region 2/3	\$999,417	20	50	49
<b>TOTALS</b>	<b>\$1,464,417</b>	<b>34</b>	<b>74</b>	<b>72</b>

DEPARTMENT OF COMMUNITY HEALTH  
APPROPRIATION # 14289 - PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT  
FY2015-16 ALLOCATIONS FOR PREGNANCY AND PARENTING SUPPORT  
URBAN COUNTIES

Contractor	2016 Allocation
Real Alternatives	\$50,000
TOTAL	\$50,000

DEPARTMENT OF COMMUNITY HEALTH  
APPROPRIATION # 14289 - PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT  
FY2014-15 EXPENDITURES FOR PREGNANCY AND PARENTING SUPPORT  
URBAN COUNTIES

Counties Served: Allegan, Berrien, Branch, Cass, Kalamazoo, Kent,  
Lapeer, Macomb, Oakland, St. Joseph, Van Buren, Wayne

Contractor	2014 Expenditures	Number of Clients Served
Real Alternatives	\$554,992	1,495
TOTAL	\$554,992	1,495

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FINANCIAL OPERATIONS ADMINISTRATION  
CORRESPONDENCE CLEARANCE FORM**

DATE DUE TO BE  
POSTED:

April 1, 2016

FILE NAME:

LOG #:

FOR SIGNATURE OF:

☐

Governor

☒

Nick Lyon, Director

☒

Tim Becker, Chief Deputy Director

☒

Farah Hanley, Deputy Director, Financial Operations Administration

☒

Susan Kangas, Director, Bureau of Budget

**BOILERPLATE REPORT**

PURPOSE:

☐

Submission of Information/Report Requested by Federal Government

☐

Staffing Monitoring Report

☐

Responding to Correspondence as Requested

☒

*Sec. 1301, 1307, 1308, 1311*

BRIEF SUMMARY/COMMENTS: Report of expenditures and planned allocations from the amounts appropriated in part 1 for local MCH services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs.

**Please return to Patrice Gillette for distribution. Thanks!**

CLEARANCE: (Initial and Route to Next Name Listed)

NAME	INITIAL	DATE	NAME	INITIAL	DATE
Program Sr. Deputy Director					
Budget Division Director					
Susan Kangas					
Farah Hanley					
Tim Becker					
Nick Lyon					

CONTACT PERSON: Patrice Gillette

TELEPHONE: 3-7787



## **Dunbar, Paulette Dobynes (DHHS)**

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**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Thursday, August 27, 2015 5:36 PM  
**To:** Hennesey, Diane (DCH) (HenneseyD@michigan.gov)  
**Subject:** FW: Real Alternatives: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program  
**Attachments:** ATTACHMENT A.pdf; ATTACHMENT E.pdf; Michigan Budget 2013-2016 Summary-BR-8-26-15-Oct13-Sep16.pdf  
**Importance:** High

I don't think the meeting has been set up yet but I need these items in a meeting folder. Thanks.

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**From:** Derman, Barbara (DCH)  
**Sent:** Thursday, August 27, 2015 10:29 AM  
**To:** Hensler, Jeanette (DCH); Dunbar, Paulette Dobynes (DCH)  
**Subject:** Real Alternatives: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program  
**Importance:** High

Would you like me to set up a time for a conference call to discuss the proposal from Real Alternatives?

I reviewed them and seems like what we asked for. Attachment A , E are essentially the same as previously submitted and approved by us. The Budget looked to me like what we requested, my only thought was that the advertising budget item is a bit high, but we have discussed with them their need/desire to advertise/outreach, so may be ok as well. They do describe this activity generally in the program description (Attachment E) They include in this section the hotline which has its own line item in the budget.

*Barbara (Quess) Derman, MSW*

Public Health Consultant, Reproductive & Preconception Health  
Michigan Department of Health and Human Services  
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909  
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968  
[DermanB@michigan.gov](mailto:DermanB@michigan.gov)

**From:** Kevin Bagatta [<mailto:kbagatta@realalternatives.local>] On Behalf Of Kevin I. Bagatta, Esquire  
**Sent:** Wednesday, August 26, 2015 9:13 PM  
**To:** Hensler, Jeanette (DCH) <[HenslerJ1@michigan.gov](mailto:HenslerJ1@michigan.gov)>; Kevin I. Bagatta, Esquire <[ra-president@comcast.net](mailto:ra-president@comcast.net)>; Broessel, Kristi (DCH) <[BroesselK@michigan.gov](mailto:BroesselK@michigan.gov)>; Dunbar, Paulette Dobynes (DCH) <[dunbarp@michigan.gov](mailto:dunbarp@michigan.gov)>; Derman, Barbara (DCH) <[DermanB@michigan.gov](mailto:DermanB@michigan.gov)>  
**Cc:** Thomas A. Lang, Esq. <[ra-operations@comcast.net](mailto:ra-operations@comcast.net)>; Clifford W. McKeown, Esq. <[ra-finance@comcast.net](mailto:ra-finance@comcast.net)>  
**Subject:** Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program

Hi Jeanette:

Attached are three documents:

1. A new Statement of Work
2. A new Program Description and Work plan
3. A new 2013-2016 Program Budget

Is our understanding correct that we will be able to expend contract year 2013-2015 funds in the each budget line until they run out AND then use the contract year 2015-2016 funds in those budget lines?

For example: Rent, in the attached budget, we are projecting to have surplus at September 30, 2015. In October and November, we would use those funds – where they will then probably be depleted (and the column would show "0"). Come December we would start using the contract year 2015-2016 funds (\$800,000) for rent. Is that correct?

You see how we will track the 10% (\$80,000) for the contract year 2015-2016 funds (\$800,000). We would submit this budget sheet monthly with our FSR – okay?

Finally, I can provide these documents in any format for you .

Thanks,

Kevin

Kevin I. Bagatta, Esquire

President & CEO

Real Alternatives

7810 Allentown Blvd., Ste. 304

Harrisburg, PA 17112

717-541-7832

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From: "Hensler, Jeanette (DCH)" <[HenslerJ1@michigan.gov](mailto:HenslerJ1@michigan.gov)>

Date: Wednesday, August 19, 2015 at 11:56 AM

To: Kevin Bagatta <[ra-president@comcast.net](mailto:ra-president@comcast.net)>, Kristi Broessel <[BroesselK@michigan.gov](mailto:BroesselK@michigan.gov)>, "Dunbar, Paulette Dobynes (DCH)" <[dunbarp@michigan.gov](mailto:dunbarp@michigan.gov)>, "Derman, Barbara (DCH)" <[DermanB@michigan.gov](mailto:DermanB@michigan.gov)>

Cc: "Thomas A. Lang, Esq." <[ra-operations@comcast.net](mailto:ra-operations@comcast.net)>, "Clifford W. McKeown, Esq." <[ra-finance@comcast.net](mailto:ra-finance@comcast.net)>

Subject: RE: Budget Revision for May Invoice

Hi Kevin,

Thank you for your response. We understand that you may not be able to track this funding separately, so instead we would like to propose that you revise the existing budget to include the additional \$800,000 for a total budget of \$1,500,000 for the amendment. The amendment period will extend the grant agreement end date to 9/30/16. To continue to expend the remaining funds from FY 2014 and the new funds for FY 2015, we need to add the new funds for FY 2015 to the existing agreement versus creating a new agreement.

In order to proceed with this amendment, we will need you to provide a revised budget for the total grant agreement amount of \$1,500,000 and a revised Statement of Work to extend the agreement to September 30, 2016. As you are building your budget, please ensure the administrative costs associated with the additional \$800,000 are capped at 10%.

Also, this amendment process is time sensitive as the State of Michigan fiscal year-end deadlines are quickly approaching. We would appreciate your assistance to submit the revised budget and Statement of Work to Quess Berman and I no later than August 26<sup>th</sup> if possible. If we receive the amendment documents by August 26<sup>th</sup>, we will target sending you the amendment for signature by September 2nd.

Please let me know if you have any questions. Thank you very much for your attention to this matter.

Jeanette Hensler, Manager  
Michigan Department of Health and Human Services  
Grants Section  
(517)241-8764

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**From:** Kevin I. Bagatta, Esquire [<mailto:ra-president@comcast.net>]  
**Sent:** Tuesday, August 11, 2015 7:12 PM  
**To:** Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH); Hensler, Jeanette (DCH)  
**Cc:** Thomas A. Lang, Esq.; Clifford W. McKeown, Esq.  
**Subject:** Re: Budget Revision for May Invoice

Hi Kristi:

Sorry to hear you are leaving the program – thank you for working with us to facilitate the start!

Tom, Cliff and I do not believe we will be able to account for the two contract funding amounts simultaneously. Our accounting and cost allocation system is set-up to allocate cost by separate program, not multiple contract funding lines within a program. The \$700,000 two-year program has been accounted for and cost allocated by a October 1 – September 30 contract year. We need the follow-on \$800,000 program to follow that contract year accounting period to ensure we accurately allocated costs for each program.

In addition, we are concerned that current projected available services counseling money under the \$700,000 two year program will not deplete fast enough for us to have administrative funds to pay for the work required to support the services. At the present services reimbursement rate, the counseling fund line will not be depleted until well after November – maybe January.

Within the last 30 days, we have trained four different potential service providers in the approval process - these providers are from Grand Rapids, Lansing, Hillsdale, and Dearborn Heights. Since the usual approval process takes 60–75 days, those new service providers will not be providing services until after October 15. So we will have incurred extra administrative expenses that will not result in increase services until after November.

We will run out of administrative money under the \$700,000 program before we run out of services money because we have extended the one year contract to two years. Our 15% administrative expenses assumed start-up and services expended in 12 months not 24 months. Michigan Service providers were much slower to respond to the program than our programs in PA, TX, and IN.

Our administrative funds will be expended by October 1, 2015. At that time, the total 24 month administrative cost ratio will be 21%. [FYI – 10/1/13 – 9/30/15 – admin ratio with start-up was 37.62%, 10/1/14-6/30/15 – admin ratio is 10.5%]

We request that after September 30, 2015, any unused funds from the \$700,000 program (now estimated to be \$140,000) be rolled over to the \$800,000 program starting October 1. We would apply the unused services funds to services under the \$800,000 program and administer those funds at 10%.

Kevin I. Bagatta, Esquire  
President & CEO  
Real Alternatives  
7810 Allentown Blvd., Ste. 304  
Harrisburg, PA 17112  
717-541-7832

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**From:** Kristi Broessel <[BroesselK@michigan.gov](mailto:BroesselK@michigan.gov)>

**Date:** Wednesday, July 22, 2015 at 11:05 AM

**To:** Kevin Bagatta <[ra-president@comcast.net](mailto:ra-president@comcast.net)>, "Dunbar, Paulette Dobynes (DCH)" <[dunbarp@michigan.gov](mailto:dunbarp@michigan.gov)>,

"Derman, Barbara (DCH)" <[DermanB@michigan.gov](mailto:DermanB@michigan.gov)>, "Hensler, Jeanette (DCH)" <[HenslerJ1@michigan.gov](mailto:HenslerJ1@michigan.gov)>

**Cc:** "Thomas A. Lang, Esq." <[ra-operations@comcast.net](mailto:ra-operations@comcast.net)>, "Clifford W. McKeown, Esq." <[ra-finance@comcast.net](mailto:ra-finance@comcast.net)>

**Subject:** RE: Budget Revision for May Invoice

Thank you for your message. The Department is planning to add the \$800,000 to your existing contract through an amendment. There will be no new contract starting October 1, 2015. The 10% cap is on the \$800,000 for FY 15 and does not apply to the existing \$700,000 funds from FY 14. We recommend that that you present a separate budget for the \$800,000 for FY 15 to help clarify that the 10% cap applies to these FY 15 funds and not the FY 14 funds. We would also suggest that you list the FY 15 Administrative and Services expenditures separately from the FY 14 Administrative and Services expenditures in the Other Expense category on the Budget Summary and in the Budget Detail. If this is not possible, please let us know.

Also, I have a new role in the Department. Jeanette Hensler, Grants Section Manager, will be taking my place on this project and will be working closely with Quess and Paulette on this amendment. Ms. Hensler will assist with preparing the grant agreement amendment(s) that will be sent out for your review, approval, and signature and will be working with Quess, Paulette and yourself to develop the budget for this amendment as we have done in the past.

It has been a pleasure working with you and your team on this project over the past two years. I wish you continued success and growth with your program to provide alternatives to women and families in Michigan. Best Wishes!

---

**From:** Kevin I. Bagatta, Esquire [<mailto:ra-president@comcast.net>]

**Sent:** Tuesday, July 21, 2015 12:41 PM

**To:** Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH)

**Cc:** Broessel, Kristi (DCH); Thomas A. Lang, Esq.; Clifford W. McKeown, Esq.

**Subject:** Re: Budget Revision for May Invoice

Hi Quess,

Here is the narrative you requested for the budget revision we submitted.

Thanks for the information on the renewal and the roll-over of the remainder of the funds not expended under the FY 13/14-FY14/15 contract. Our rough prediction is that the new contract starting this October 1,, 2015 will be around \$1 million - \$800,00 plus \$200,000 remainder. With the 10% cap, that would be about

\$100,000 in administrative costs. Right now, we have one potential service provider in the approval process and three more scheduled for training.

With a \$1 million dollar program, that would be very sufficient for a full state-wide program – we are pretty excited about that. We have had inquiries from the upper peninsular from potential service providers in the past.

We'll start working the details and do our best to meet the deadline – we started our end of the fiscal year audit today.

Thanks again!

Kevin

## **BUDGET REVISION NARRATIVE**

### **ADMINISTRATIVE EXPENSES**

#### **Personnel**

Increase to President & CEO, VP – Administration, Accountant, Payroll Taxes lines was due to increased cost of contract year extension. More time was required to meet contract goals.

Increase in Employee Group Insurance line was due to increased cost of contract year extension as well as increase premium cost.

#### **Operating**

Decrease in Consulting, Legal, Auditing, Travel-Lodging, Office Expense, and Computer Resource lines was due to less cost than projected.

Increase in Rent and telephone service line was due increased cost of contract year extension. These costs increased because more time was required to meet contract goals.

### **SERVICES EXPENSES**

#### **Personnel**

Increase to VP – Operations, Billing Coordinator, Payroll Taxes lines was due to increased cost of contract year extension. More time was required to meet contract goals.

Increase in Employee Group Insurance line was due to increased cost of contract year extension as well as increase premium cost.

Addition of Services Coordinator and Services Assistance lines was due to rearrangement of program tasks to different Real Alternatives staff.

#### **Operating**

Increase in Client Education Materials line was due to greater than expected costs.

Increase in Travel line is due to VP-Operations travel for site monitorings this summer.

Increase in Services database Consulting & Development line was due to increased cost of contract year extension. More time was required to meet contract goals.

Decrease in Hotline Referral System line was due to less cost than projected.

Decrease in Counseling Reimbursement would be necessary to cover the costs of contract close-out should contract not be renewed. With contract extension and renewal, contract closeout costs will not be required.

Kevin I. Bagatta, Esquire  
President & CEO  
Real Alternatives  
7810 Allentown Blvd., Ste. 304  
Harrisburg, PA 17112  
717-541-7832

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From: Kevin Bagatta <[ra-president@comcast.net](mailto:ra-president@comcast.net)>  
Date: Thursday, June 25, 2015 at 4:44 PM  
To: Kristi Broessel <[BroesselK@michigan.gov](mailto:BroesselK@michigan.gov)>, "Dunbar, Paulette Dobyne (DCH)" <[dunbarp@michigan.gov](mailto:dunbarp@michigan.gov)>, "Derman, Barbara (DCH)" <[DermanB@michigan.gov](mailto:DermanB@michigan.gov)>  
Cc: "Thomas A. Lang, Esq." <[ra-operations@comcast.net](mailto:ra-operations@comcast.net)>  
Subject: Budget Revision for May Invoice

Hi Kristi, Paulette, and Quess,

Attached is a budget revision we would like approved and applied to the May invoice we will be submitting soon.

Please Note:

1. We would move money from admin to services – thereby lowering the administrative cost ratio to 14.25%
2. Some of the budget line increases are due to the lengthening of the contract
3. The "contract close out" line would be moved into the "counseling" line upon execution of the follow-on contract or amendment of the present contract.

Tom Lang and I can discuss this further at your convenience.

Thanks,

Kevin

Kevin I. Bagatta, Esquire  
President & CEO  
Real Alternatives  
7810 Allentown Blvd., Ste. 304  
Harrisburg, PA 17112  
717-541-7832

## Statement of Work

## Michigan Pregnancy and Parenting Support Services Program

October 2013 – September 2016

1. Describe the core program elements and the manner in which services will be delivered.
  - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
  - b. Describe the geographic areas within the State where program services will be provided.
  - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
  - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
  - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
  - f. Describe how potential clients will access program services.
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

*Program Objectives*

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
  - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
  - b. An evaluation of the client's needs is made by the counselor during the counseling sessions.
  - c. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreed, non-degreed and volunteers)
  - d. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical care, social services, and other supports as required and available.
  - e. Ensure client feedback is obtained to assure client support during crisis and counseling interventions.
2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.
  - a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
  - b. Provide parenting support utilizing trained counselors (degreed, non-degreed and volunteers)
3. Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.

- a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
  - b. Provide services to women in this category utilizing trained counselors (degreed, non-degreed and volunteers)
4. Serve approximately 4500 women and parents of infants at approximately 12000 visits.
5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
  - a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:
    - i. Referrals for prenatal and pediatric care.
    - ii. Referrals for medical care.
    - iii. Referrals for social services organizations and support services such as:
      - i. WIC, or other nutrition programs; MIHP, or other home visiting programs; local Department of Human Services; local health department; adoption agencies; child care; financial support; housing; education for improving skills or obtaining a GED; job service and vocational training programs; or transportation services as needed.
  - b. Service Provider Organizations are responsible to assure that referral sources are pro-life and continue to be pro-life.
  - c. Service Provider Organizations are responsible to evaluate referral organizations to assure they comply with client service needs.
  - d. Information concerning referral resources will be obtained at each site Monitoring.
6. Assure that program vendor Service Providers:
  - a. Are a nonprofit organization with 501(c)3 tax exempt status
  - b. Operate an alternatives to abortion program that has a stated policy of actively promoting childbirth instead of abortion
  - c. Maintain a pro-life mission and agree not to promote, refer, or counsel abortion as an option to a crisis or unplanned pregnancy
  - d. Are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion
  - e. Understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
  - f. Provide core services consisting of information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
  - g. Are nondiscriminatory
  - h. Agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
  - i. Have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
  - j. Provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
  - k. Agree to serve all eligible clients, including those with Limited English Proficiency
  - l. Will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
  - m. Maintain client confidentiality
  - n. Will submit their counselor training materials, and policies and procedures manual for evaluation
  - o. Do not charge a fee for services to eligible clients.
  - p. Provide handicapped accessible services.



7. Assure Service Provider compliance with program policies and objectives, including:
  - a. Initial and annual site monitoring of Service Provider sites performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2016
  - b. Assure accurate record-keeping of client eligibility
  - c. Assure accurate submission of billing forms
  - d. Assure all services are provided in a respectful and non-judgmental manner
    - i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
    - ii. Assure all services are provided with appropriate cultural sensitivities
  - e. Assure financial accountability through program site monitoring.
  - f. Ongoing quality assurance measures performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2016
8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to [DFCH@michigan.gov](mailto:DFCH@michigan.gov) by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:
  - a. Monitoring activities completed;
  - b. Monitoring Report findings for each site monitored and subsequent corrective actions taken;
  - c. Technical assistance provided;
  - d. Follow-up on site monitoring findings for Service Providers;
  - e. Direct service activities such as information/services provided or referrals made;
  - f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities;
  - g. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by their county of residence, and their age reported by the following age groups:
    1. Less than 16 years old;
    2. 16 years old through 20 years old;
    3. 21 years old through 25 years old;
    4. 26 years old through 30 years old;
    5. 31 years old through 35 years old;
    6. 36 years old through 40 years old;
    7. 41 years old through 45 years old;
    8. 46 years old and older.
  - h. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by race, by county, by age (White, African American, Native American, Asian, multi-racial, unknown/not declared)
  - i. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by ethnicity, by county, by age (Hispanic, non-Hispanic)
  - j. The number of visits by pregnant women, non-pregnant women and parenting women (separate reports for each of these three client types), by county, by age.
    1. Hotline calls from Michigan and number of subsequent referrals to Service Providers
    2. Public Information activities in Michigan
  - k. Report number of Service Provider referrals by type:
    1. Prenatal care providers
    2. Pediatric care providers

I. Report of client outcomes

1. Number of clients indicating they are choosing childbirth
2. Number of clients who visited or are planning to visit a health care provider for prenatal care.
3. Number of clients who have taken their child to a pediatric appointment.
4. Number of clients with infants up to date in immunizations.
5. Number of clients who felt supported at the end of their counseling session.



**MICHIGAN PREGNANCY AND PARENTING SUPPORT SERVICES PROGRAM**

**October 2013 – September 2016  
Program Description and Work Plan**

**INTRODUCTION**

Real Alternatives is a national, private, tax-exempt, non-profit corporation pursuant to Section 501(c) (3) of the Internal Revenue Code. Using its proprietary "Real Alternatives Program and Instructional Design" (RAPID)<sup>1</sup> system, Real Alternatives has administered the successful and nationally-recognized Alternative to Abortion Services Program as the prime contractor for the Commonwealth of Pennsylvania since July 1, 1997.

The government funding received by Real Alternatives from state governments enables Real Alternatives to provide free, caring, confidential and comprehensive pregnancy support, parenting and adoption education services that encourage a decision of childbirth instead of abortion, to women and their families who are experiencing unexpected pregnancies. Those critical and extremely beneficial services are directly provided through a network of vendor service providers comprised of social service agencies, pregnancy support centers, maternity homes and adoption agencies.

**Corporate Mission Statement**

Real Alternatives exists to provide life-affirming alternative to abortion services throughout the nation. These compassionate support services empower women to protect their reproductive health, avoid crisis pregnancies, choose childbirth rather than abortion, receive adoption education, and improve parenting skills.

**CORPORATE BACKGROUND AND EXPERIENCE**

Real Alternatives has been the prime contractor for the Commonwealth of Pennsylvania's alternative to abortion services program for the last 18 years. During that time, over 250,000 women throughout the Commonwealth have been served. Real Alternatives receives the Alternative to Abortion Services grant from the Commonwealth of Pennsylvania Department of Human Services to provide comprehensive pregnancy, parenting and adoption support services to pregnant women who are experiencing an unexpected pregnancy, so they choose childbirth rather than abortion. This is accomplished through a vendor network of approximately 100 social service agencies, pregnancy centers, maternity homes and adoption agencies.

In 2013, Real Alternatives was selected by the Michigan Department of Community Health to be the prime contractor for the State of Michigan's Pregnancy and Parenting Support Services Program. With a network of 17 service provider sites, over 1,450 women throughout the southern region of Michigan have been served since October 2013.

In 2014, Real Alternatives was selected by the Indiana State Department of Health to be the prime contractor for the State of Indiana's Pregnancy and Parenting Support Services Program. With a network of 16 service provider sites, over 7,500 women throughout the northern region of Indiana have been served since October 2014.

Always striving to deliver quality, cost effective services to women, Real Alternatives was recognized by the Central Pennsylvania Business Journal in 2002 and again in 2004 for its technological innovation and cost savings by being selected as a finalist for the Annual Nonprofit Innovation Award. In 2004, Real Alternatives was also one of the first four nonprofits to be awarded the prestigious Pennsylvania Association of Nonprofit Organizations (PANO) Seal of Excellence for meeting the 56 Standards of Excellence criteria for nonprofits. In 2007 and again in 2013, Real Alternatives earned recertification for the PANO Seal of Excellence. Real Alternatives recognizes that a government program is only as good as its last audit. Using the RAPID system has lead to 18 straight perfect CPA audits for Real Alternatives.

Real Alternatives is governed by a Board of Directors and a set of bylaws. The registered office of the Corporation is 7810 Allentown Boulevard, Suite 304, Harrisburg, Pennsylvania 17112, telephone: 717-541-1112, fax: 717-541-9713. Federal ID Number is 23-2868660. The business and affairs of Real Alternatives are managed by its Board of Directors. The board hired and sets the duties of the President & CEO, and he is empowered by the Corporation to carry out the policies of the Corporation, throughout all endeavors on behalf

of Real Alternatives. The President & CEO, Kevin I. Bagatta, Esquire, is the point of contact for questions regarding this grant agreement. Except as otherwise required by Pennsylvania corporate law or other law, the entire control of the Corporation (its management, affairs, and property) is vested in the Board of Directors of the Corporation.

### **Real Alternatives Staff**

Real Alternatives is a national nonprofit corporation with two divisions: one that supports the \$6.7 million a year Pennsylvania Program, the \$1 million a year Indiana Program, and the \$1.5 million Michigan Program and the second division that supports national expansion of government-funded alternative to abortion programs.

The executive management team for the Real Alternatives consists of a full-time President & CEO, a full-time Vice President of Operations, a full-time Vice President of Administration, and a full-time Services Coordinator. Additional personnel include a part-time Accountant, part-time Bookkeeper, a part-time Billing Coordinator, a part-time Special Projects Coordinator, a part-time Community Outreach Coordinator, and a near full-time Toll-Free Counselor.

### **PROGRAM WORK PLAN**

Real Alternatives, through a network of pro-life pregnancy support centers, maternity homes, adoption agencies, and social service agencies (vendor service providers), plans to reach out to each woman, no matter what her background or circumstances, and without fee. Compassionate, trained counselors will assess each woman's situation and assist her in developing a positive life-affirming approach to her pregnancy. Assistance during and after the parenting and adoption decision involves counseling, education, material assistance, and referrals. By empowering women in an unexpected pregnancy with this assistance, they no longer feel compelled to choose abortion out of a sense of being alone, helpless, and hopeless. The outcome goals of this pregnancy and parenting support program will be that women facing crisis/unexpected pregnancies in the state of Michigan will be aware of this comprehensive program, they will receive support, will have improved parenting skills, and will receive adoption education. Such outcome goals will empower them to choose childbirth rather than abortion. This program in turn will have a lowering impact on the Michigan Abortion Choice Percentage (see exhibit 1 in the appendices), and be a factor in reducing medical costs<sup>2</sup>, improving women's health<sup>3</sup>, and obtaining overall long-term savings for the taxpayers of Michigan.

### **Program Design**

Real Alternatives will utilize the RAPID system to administer this regional program. Real Alternatives, which holds all right, title, and interest to the RAPID system, has proven success in Pennsylvania, Michigan, and Indiana, as a good steward of government financial resources to meet government's desire to assist women to seek an alternative to abortion. Real Alternatives, as the prime contractor, will provide statewide program operations services including program administration and centralized client outreach.

The following is the overall design of the RAPID system, already working in Pennsylvania, Michigan and Indiana along with the description of tasks that will be taken by Real Alternatives in Michigan for program deployment and ongoing operation. (This explanation is visually portrayed at Exhibit 3 in the appendices.)

### **Program Vendor Service Providers**

Presently, 5 vendor service providers with 17 sites are providing pregnancy and parenting support services in Michigan under the program. Real Alternatives plans to recruit and subcontract with more vendor service providers to perform program operational services, primarily involving counseling and support services to clients. Those potential vendor service providers include pregnancy support centers, maternity homes, adoption agencies, and social service agencies that provide life-affirming alternative to abortion services presently throughout the State of Michigan. Specific emphasis will be on those potential service providers geographically located north of State Route 10 so the program will provide statewide coverage of services. Real Alternatives will contact them in October/November 2015 advising them of Real Alternatives' plan to contract with those who meet Real Alternatives' vendor standards to perform services under the Michigan Department of Community Health grant.

First, the potential vendor service providers are screened for eligibility and are then approved as subcontractors. Next, their counselors who will be providing the services are trained on program requirements, eligible services and restrictions in delivery of those counseling services.

Once counselors in the field are certified, they submit information online each time they provide approved services to program eligible clients. This information includes demographic information, topics discussed in the counseling session, counseling and referral time, and billing information, along with a required certification by the counselor of the validity of what is being submitted for reimbursement. This online information is submitted daily and processed by Real Alternatives. Real Alternatives gathers the regional data and converts it for use in the financial accounting system and performance reporting system. Real Alternatives will continue to report to DCH for the previous month's services performed. Requests for remaining cash advances will occur each month. Once paid, Real Alternatives will pay the vendor service providers for their past month's approved services.

### **Service Provider Selection Process**

Providing pregnancy support that promotes childbirth and alternatives to abortion requires experienced individuals taking the time to listen to the concerns of the women in crisis and supporting them. The quality of the vendor services provided to these women is of utmost importance to Real Alternatives. This dedication to the quality of service is reflected in the RAPID Service Provider Selection Process. Once a potential vendor service provider expresses interest in becoming a vendor service provider for the program after being contacted by Real Alternatives, the potential vendor service provider is asked if they meet the minimum requirements for the program. The minimum criteria required for potential vendor service providers is that they:

- ♦ are a 501(c) 3 tax exempt organization
- ♦ operate an alternative to abortion program that has a stated policy of actively promoting childbirth instead of abortion
- ♦ maintain a pro-life mission and agree not to promote abortions, refer women for abortions, or counsel women to have an abortion as an option to a crisis pregnancy
- ♦ be physically and financially separate from any entity that advocates for abortion, performs abortions, counsels women to have abortions, or refers women for abortion
- ♦ provide core services consisting of information and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting
- ♦ understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
- ♦ are nondiscriminatory
- ♦ agree not to promote religion during government-funded contract services
- ♦ have been in operation a minimum of one year providing core alternative to abortion crisis intervention services to women in a crisis/unexpected pregnancy
- ♦ serve low-income clients
- ♦ do not charge a fee for program services to eligible clients
- ♦ provide a physical site that is handicapped accessible, or that they have the capability to make special provisions to provide program services to persons with disabilities.

Based upon their response to the minimum requirements evaluation, a potential vendor service provider is required to submit a binder of backup documents for review by Real Alternatives. Such documents include at a minimum:

- ♦ proof of IRC 501 (c) 3 tax-exempt status with federal tax number
- ♦ a copy of the Corporate Articles of Incorporation and Amendments filed with the Secretary of State
- ♦ a copy of the Bylaws of the Corporation
- ♦ policy and procedures manual that include a confidentiality policy
- ♦ board of directors or equivalent governing body
- ♦ counseling training materials
- ♦ proof of general liability insurance for sites where services are rendered, as well as automobile and workers compensation insurance.

All material will be reviewed and if the program criteria are met, a visual inspection of the site is

arranged and observed. Upon completion of the visual site inspection, a written evaluation is completed along with the Evaluator's recommendation. The Vice President of Operations then reviews all documents and makes a recommendation to the President & CEO. If the President & CEO approves the potential vendor service provider, then DCH will be informed. An agreement will be offered to the new potential vendor service provider.

Real Alternatives estimates it will contract with between 17- 25 total pro-life vendor service provider sites located throughout Michigan to serve women in need.

### **Service Provider Training and Monitoring**

Upon successful completion of the approval process, the vendor service provider's personnel and volunteers are trained on program compliance. Real Alternatives will accelerate the training through the use of the RAPID Training Process. Vendor service providers are retrained every year on program requirements and compliance. In addition to annual training, each vendor service provider receives on-site and/or remote monitoring for program compliance annually. Monitoring reports on the vendor service provider's physical site, program compliance, and corporate changes will be prepared by Real Alternatives' staff, annotating deficiencies and corrective actions taken. The site monitoring reports will appear in the quarterly reports to DCH.

Quality assurance of services is accomplished by Real Alternatives in multiple ways:

1. Initially by the vendor service provider screening process and approval process, then
2. by the training process accomplished by Real Alternatives at counselor training, then
3. by having each counselor sign a certification statement of understanding of important program rules before the forms submitted by them are reimbursed in the system, and
4. finally by monitoring each vendor service provider for programming contract compliance once a year starting in 2015.

Those vendor service providers with multiple sites will have two or more site monitorings performed by the Real Alternatives.

Vendor Service Provider monitoring encompasses three parts. During the Corporate Administration and Program Profile Review, the following is reviewed:

- Review of policy and procedure manuals and documentation of Board of Directors approval (manuals include: Non-Discrimination Policy, Confidentiality Policy, Sexual Harassment Policy, Spiritual Issues Policy, Abortion/contraception Policy, internal client grievance procedures, Limited English Proficiency Policy, Adoption Policy);
- Review of counselor training plan, counseling skills training, training materials, assessment and ongoing training;
- Review of corporate documents (Mission statement, board of directors listing, articles of incorporation, by-Laws, non-profit status);
- Review of program operations (including, Client intake form, Client services, primary client referral sources, provider referral resource list, pregnancy test requirements, client educational materials, and staff/volunteer training procedures)

During the Facility Inspection, the following is reviewed:

- Inspection of facility including: waiting area, counseling areas lavatories, fire safety procedures and equipment,
- review of literature, review of current counselor child abuse clearance, handicap accessibility, confidential handling of client files, review of service site website and/or yellow page ads.

During the Reimbursement Compliance Review, the following is reviewed:

- Review of randomly selected client files for accuracy of billing.

### **Service Provider Reimbursement Method**

In the area of vendor service provider reimbursement, service providers are reimbursed as vendors for the core and support services rendered to women on a "fee-for-service" type of arrangement. The minimum rates for reimbursement are \$1.09 per minute for counseling time and referral time; \$21.80 per class per client; \$10.90 per client self-administered pregnancy test kit, \$10.90 per food, clothing, and/or furniture pantry visits not to exceed four visits per pantry type; and, \$5.45 per online client data collection form. This performance driven reimbursement system rewards vendor service providers who take their program reimbursement and reinvest in their services by opening more centers and hiring more counselors to serve more women in need. By serving more women, these centers receive more reimbursement. No money is "given" to the vendor service providers – they earn it. By using the prime contractor/subcontractor model, vendor service providers do what they do best, one-on-one counseling and mentoring instead of government contracting, and the prime contractor does what it does best, government program administration and client outreach.

This approach results in the Michigan Pregnancy and Parenting Support Services Program maximizing focus and performance for the prime contractors and vendor service providers.

One confidential form is required for the billing system. The client fills out the form containing personal and demographic information and signs it to confirm a person was served that day of service. The form the client fills out allows each client to have the ability to register a complaint or comment at each visit throughout the state using the same method that has been successfully used in the Pennsylvania program for 18 years. Each form will have a telephone number that clients can call to register a complaint about any services provided to them at the vendor service provider level to Real Alternatives. Complaint calls are followed up by Executive Staff.

Real Alternatives will use the RAPID Online Data Collection, Billing, and Reporting Systems software to receive monthly billing from the service providers; process the demographic, billing, and performance data; and submit the services bill to the DCH for reimbursement along with administrative and outreach costs. Once reimbursement occurs from DCH then Real Alternatives will reimburse the vendor service providers.

### **Charitable Choice Act – Faith-Based Organization Policy**

Real Alternatives will implement the present RAPID faith-based policy currently being used in Pennsylvania, Michigan, and Indiana. A faith-based service provider which includes among its activities worship, religious instruction, proselytization or other inherently religious programs cannot be funded for those activities under the Michigan Pregnancy and Parenting Support Services Program. Reimbursement is prohibited for worship services, bible study, prayer meetings, prayer with a client during the program visit, or any form of proselytization, i.e., to recruit members for religious conversion.

If a vendor service provider does engage in such activities with a client in the pregnancy and parenting support program, those activities must occur separately, in time or location, from services provided pursuant to the contract with Real Alternatives. By the way of example of what may constitute separateness in place, if a vendor service provider occupies a building with a single entrance and provides counseling in one of its rooms, it may, with a signed request from a client, immediately after program counseling, engage in spiritual or religious activity with the client in a separate room in the building, with a different spiritual or religious counselor – a person other than the one who provided service under the contract.

An example of separation in time would permit a different spiritual counselor to meet with a client, if the client signs a request, after the counselor providing client services under the Michigan Pregnancy and Parenting Support Services Program, leaves the room.

Participation in religious/spiritual activities by a client must be voluntary, and the client must understand that refusal to participate in religious activities will not disqualify her from receiving services under the program. An approved request form must be provided to the client before any such religious activity occurs to assure that voluntary, informed consent is provided by the client.

A vendor service provider under the contract may retain religious terms in its organization name, select its board members on a religious basis and include religious references in its organization's mission



statements and other governing documents. It cannot, however, include any religious activity or program with client services and must certify to Real Alternatives that it complies with its contract requirements.

### **Program Client Services**

The primary purpose of the Michigan Pregnancy and Parenting Support Services Program is to provide core services consisting of information, education, and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting. The program also provides support services including client self-administered pregnancy test kits, baby food, maternity and baby clothing and baby furniture, information and education, and referrals for other services for the needs of the women and newborn. The information and education provided under support services includes topics regarding infant care, adoption, or parenting.

The enabling legislation for the Michigan Pregnancy and Parenting Support Services Program states the program must promote childbirth and alternatives to abortion. Vendor service providers are to provide free counseling, support, and referral services to eligible women during pregnancy, and through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education.

Real Alternatives, through the vendor service providers, will offer a comprehensive umbrella of core and support services that provide women direct support during and after the crisis/unexpected pregnancy.

For those in a crisis/unexpected pregnancy, core services are delivered by providing direct counseling support during the parenting and adoption decision. Services include:

- ♦ crisis intervention counseling and case management in a non-judgmental atmosphere
- ♦ education on fetal development and the health and nutritional needs of pregnant women, including books, videos, brochures, and fetal models
- ♦ abortion information - what it is, what it does, and negative outcomes associated with it
- ♦ pre- and post-natal education; pregnancy and certified childbirth classes
- ♦ access to information on medical care, hospital clinics, doctors, health care facilities, and other professional services; assistance with identifying drug and alcohol programs, if needed
- ♦ adoption service information
- ♦ life-skill training for parenting and nutritional needs
- ♦ availability of other community social services
- ♦ tangible aid in the form of maternity clothes
- ♦ other programs for the physical and emotional needs of women experiencing the stress of a crisis/unexpected pregnancy

For women who have given birth, support services are delivered by providing direct parenting or adoption support because of their decision not to abort. These services take the form of:

- ♦ parenting counseling and classes
- ♦ education referrals for upgrading skills or obtaining a GED
- ♦ child care referrals
- ♦ mentoring
- ♦ information on Women Infants and Children (WIC) programs
- ♦ job service and vocational training opportunities availability
- ♦ tangible aid in the form of baby and infant items and other needed supplies

For those who come to our Service Providers thinking they may be experiencing a crisis/unexpected pregnancy but are unsure, client self-administered pregnancy test kits are always available. For those in this category who are found to be not pregnant, services include:

- ♦ information on the risks of sexually transmitted diseases
- ♦ relationship counseling
- ♦ decision making education
- ♦ chastity classes
- ♦ teen pregnancy prevention programs

- ♦ other counseling offered to modify risk-taking behavior.<sup>4</sup>

This umbrella of services allows Real Alternatives to provide direct support services so women do not feel the need to have an abortion now or in the future, as well as provide programs that work to prevent the circumstances that might lead to the perceived need for an abortion in the first place. With the ability to provide a wide range of readily available nearby services to Michigan women, they are empowered to make more informed choices concerning their child, as well as begin to plan for a future that will include independence and self-sufficiency. The consistent provision of these services over a significant period of time provides a better opportunity for counselors to help women who desire to change their status from a dependent mother to an independent mother.

### **Program Administration Services**

Real Alternatives will provide the following program coordination services: seek out, approve and sign contracts with qualified vendor service providers to deliver core services to clients; train approved vendor service providers in program requirements; ensure that only program trained and approved counselors submit for reimbursement under the program; conduct annual on-site and remote monitoring of the vendor service providers using to ensure subcontract and program compliance; conduct annual education material purchase for clients; conduct annual professional education conference for program counselors; conduct statewide program advertising; provide to DCH monthly financial reports of expenses and reimbursement requests for the next quarter's services; provide quarterly reports of statewide vendor service provider performance to DCH including clients served and total visits by age and by county, as well as hotline referrals and patches by age and by county.

### **Program Educational Material Purchase**

While the vendor service providers' counselors are providing services to clients, Real Alternatives staff will implement a substantial RAPID Client Education Materials Purchase during contract year 2015/2016 of the grant. Again, the state of Michigan will be able to save development time and money by using material which have already been reviewed for currency and accuracy under the RAPID system. Vendor relationships already established by Real Alternatives will be able to be used resulting in appropriate mass quantity discounts. Real Alternatives, with 18 years of experience serving a diverse population of women in crisis pregnancies in the sixth largest state in the US, will continue to develop special education and information materials tailored for the Michigan program.

### **Program Advertising**

Many women choose not to abort once they are aware there is someone available to assist them during their parenting or adoption decision. Advertising is imperative to inform women that there are people and this program in the state of Michigan to help them. Now that a large number of vendor service providers sites are approved and providing services, the RAPID marketing system will be used to conduct a targeted social media campaign of the RAPID 1-888-LIFE-AID hotline patch system. (See below). As the program grows north geographically to cover the entire state of Michigan, advertising will follow the growth.

Real Alternatives will use the social media ads developed and tested over the years in the Pennsylvania, Indiana and Michigan programs that have been specifically tailored to reach women in a crisis/unexpected pregnancy who are unsure whether to abort or not. Using the methods perfected over the years, media buying will be accomplished by Real Alternatives.

The RAPID LIFE-AID hotline patch system provides a trained, bilingual, crisis intervention telephone counselor to provide brief initial counseling and determine where the caller is calling from. The caller is then patched to a counselor at an approved vendor service provider nearest to her. For those clients searching the internet, referrals are made from the existing bilingual Real Alternatives website [www.RealAlternatives.org](http://www.RealAlternatives.org), which has been adapted for use by Michigan citizens. That website is updated with the latest new service providers immediately once the vendor service providers sign, agree to contract terms, and have been trained by Real Alternatives. To ensure program compliance, only approved vendor service providers who meet program requirements and have contractually agreed to them with Real Alternatives will be listed in these referral sources.

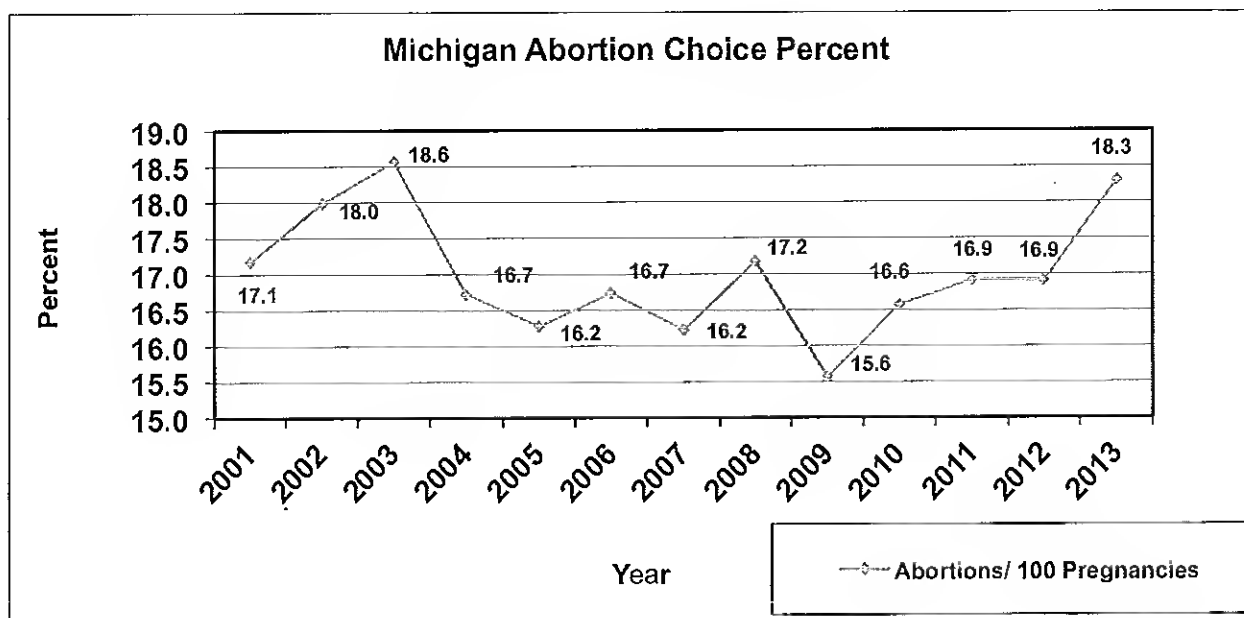
The telephone number 1-888-LIFE-AID, is a national toll-free number owned by Real Alternatives. In order to save costs, the LIFE-AID number is the entry point for the entire Michigan Pregnancy and Parenting Support Services Program. As such, all media, FaceBook and Google ads, brochures, television, and future radio ads will advertise it. During contract year 2015/16 the advertisement budget is high so that Real Alternatives may continue to inform the women of Michigan of the program's existence. As the program grows to the north of the state, advertising will follow. As new clients are referred to vendor service providers, increased reimbursement follows the increase in services. As services and reimbursement increases, reinvestment by the vendor service providers in staff and centers builds more capacity for them to serve more clients.

#### **Program Professional Development Conference for Counselors/mentors**

Real Alternatives will create, plan, and conduct an Annual Program Services Provider Conference for service provider counselors and mentors serving women under the Michigan Pregnancy and Parenting Support Services Program. Counselors and mentors will be invited to the centrally located Conference. Speakers will be hired to provide talks on topics of interest that can assist counselors and mentors as they serve the needs of women in unexpected pregnancies.

#### **ASSUMPTIONS**

This work plan is based on the assumption that DCH will continue to promptly reimburse Real Alternatives monthly for program services expenses that have occurred.



## APPENDICES

### Exhibit 1 /

"The Michigan Abortion Choice Percentage" is calculated by taking the Total MI Resident Abortions and dividing that number by the sum of the Total MI Resident Abortions and Total MI Resident Live Births. All figures used to track this outcome are obtained from the *Michigan Health Statistics*, the Michigan Department of Community Health website. The Abortion Choice Percentage represents the percentage of women who chose to undergo abortions out of the total population of women who could. General program impact can be measured because pregnant women who receive support and encouragement through alternative to abortion services are empowered to choose childbirth rather than abortion.

### Exhibit 2: END NOTES

<sup>1</sup> The RAPID system includes the following copyrighted and proprietary information and material which belongs to and shall remain the exclusive property of Real Alternatives: all software, documents, checklists, staff training materials, service provider user guides, billing systems, and program management tools used to administer a regional Michigan Pregnancy and Parenting Support Program. The RAPID system is not a deliverable under this grant agreement.

<sup>2</sup> Often when faced with a crisis pregnancy, women delay prenatal care resulting in low birth weight babies that increases health care cost and high infant mortality rates. National Prevention Council, *National Prevention Strategy*, Washington, DC:

U.S. Department of Health and Human Services, Office of the Surgeon General, 2011

A prior first trimester induced abortion has been found to be an irreversible risk factor associated with preterm birth. *Immutable Medical Risk Factors Associated with Preterm Birth*. Preterm Birth: Causes, Consequences, and Prevention. Institute of Medicine, 2007, pp. 625.

In addition, for every \$1.00 spent on prenatal care, approximately \$3.38 to \$11.00 could be saved in Neonatal Intensive Care Unit costs. "Preventing Low Birth Weight Summary", *Committee to Study the Prevention of Low Birth Weight, Division of Health Promotion and Disease, the Pennsylvania Department of Health*. The United States currently spends just \$1 to prevent sexually transmitted diseases for every \$43 spent treating the 12 million cases diagnosed each year... teenagers suffer a staggering 3 million cases a year. "STDs are Labeled Hidden Epidemic", *The Harrisburg Patriot*, Nov. 20, 1996, A5. STDs cost the U.S. health care system \$17 billion every year—and cost individuals even more in immediate and life-long health consequences. *Sexually Transmitted Disease Surveillance Report 2010*, Centers for Disease Control and Prevention.

<sup>3</sup> Lowering abortions can lower the incidence of breast cancer. A Turkish study done between 2000 and 2006 showed induced abortion significantly associated with increased breast cancer. *World Journal of Surgical Oncology* 2009, 7:37 doi:10.1186/1477-7819-7-37 This article is available from: [HYPERLINK](http://www.wjso.com/content/7/1/37)

\*<http://www.wjso.com/content/7/1/37> <http://www.wjso.com/content/7/1/37> © 2009 Ozmen et al; licensee BioMed Central Ltd.

In a study of eight European countries, researchers concluded that the increase in breast cancer incidence appears to be best explained by an increase in abortion rates and lower fertility. *The Breast Cancer Epidemic: Modeling and Forecasts Based on Abortion and Other Risk Factors*, Journal of American Physicians and Surgeons, Vol. 12, No. 3, Fall 2007, pp. 72-78.

A study of 1,451 women who developed breast cancer before the age of 40 had a 90 percent increase in the incidence of breast cancer if they aborted their first pregnancy versus those women who delivered their first baby. "An Early Abortion and Breast Cancer Risk Among Women Under Age 40," Howe, H.L., Bzduch, H., Hezfeld, P., *International Journal Epidemiology*, 18:300-304. Additionally, women under age 18 who had an abortion after the eighth week of pregnancy increased their risk of breast cancer by 800 percent. "Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion", *Journal of the National Cancer Institute*, 88:21, November 2, 1994. There is an overall 30 percent risk increase attributable to induced abortion based on meta-analysis of 30 years of studies. Brind, et al. (1997), *J. Epidemiol Community Health* 50:481-496. According to Dr. Angela Lanfranchi, abortion causes breast cancer in about 5% of women who have an abortion. This results in approximately 10,000 cases a year of breast cancer that can be attributed to abortion. After an induced abortion, the female is exposed to very high levels of mitogen and estrogen. This would leave her breast with more places for cancers to start. "The Breast Physiology and the Epidemiology of the Abortion Breast Cancer Link", *Imago Hominis*, 2005, pp. 228-236. The Breast Cancer Prevention Institute claims that the more estrogen a woman is exposed to in her lifetime, the higher her risk for breast cancer. Abortion in women under 18 and over 30 years old carries the greatest risk of getting breast cancer. "The Biologic Cause of the Abortion Breast Cancer Link: The Physiology of the Breast", *Breast Cancer Prevention Institute*, May 2004 (revised). Studies have shown that women who have ever used early formulations of oral contraceptives and who also have a first-degree relative with breast cancer may be at a particularly high risk for breast cancer. Women with a strong family history who have used more recent lower-dosage formulations of oral contraceptives should be advised of the risks regarding oral contraceptive use and breast cancer. "Oral Contraceptives and Breast Cancer: A Note of Caution for High-Risk Women", *The Journal of the American Medical Association*, Vol. 284, No. 14, October 11, 2000, pp. 1-6.

A 2009 study reports that oral contraceptive use contributes to younger women developing breast cancer particularly a type called triple-negative that is aggressive, more difficult to treat and has higher mortality rates. Among women  $\leq 40$  years of age, the risk for breast cancer overall, and the risk of non-triple-negative breast cancer increased with younger age at first use. Dolle, Jessica M. and Daling, Janet R. *Risk Factors for Triple-Negative Breast Cancer in Women Under the Age 45 Years*. *Cancer Epidemiology, Biomarkers & Prevention* 2009; 18(4) April 2009, pp. 1157-1166.

Those who abort a first pregnancy are at a greater risk of subsequent long term clinical depression.... (Summer 2003) "Clinical Depression Linked to Abortion", *British Medical Journal*, 1992, pp. 151-152. Results of a New Zealand study suggest that women who experience distress as a result of having an abortion are more likely to have subsequent mental health problems. *Reactions to abortion and subsequent mental health*, The British Journal of Psychiatry, May 2009, Vol. 195, pp.420-426

<sup>4</sup> Abstinence education meets the two-prong goal of lowering unexpected pregnancies and sexually transmitted diseases. While going through a process of emotional growth in adolescence, teens frequently get involved in risky sexual behaviors that expose them to unexpected pregnancy and sexually transmitted infections. Researchers have found that abstinence-only sex education intervention programs are effective in the prevention of unintended adolescent pregnancies. "Adolescent Pregnancy Prevention: An Abstinence-Centered Randomized Controlled Intervention in a Chilean Public High School", *Journal of Adolescent Health*, 2005, pp. 64-69. Promising programs to improve reproductive health outcomes include those that focus on early childhood investments, that involve teens in school and in outside activities (including youth development in combination with sexuality education and community volunteer learning), and those that send nurses to visit teenage mothers, which reduce their chances of becoming pregnant again. "Preventing Teenage Pregnancy,

Childbearing, and Sexually Transmitted Diseases: What Research Shows", *Child Trends Research Brief*, May 2002, pp. 1-10. True abstinence education programs help young people to develop an understanding of commitment, fidelity, and intimacy that will serve them well as the foundations of healthy marital life in the future. Abstinence education programs have repeatedly been shown to be effective in reducing sexual activity among their participants. "The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth", *The Heritage Foundation*, April 8, 2002, pp. 1-12. The Institute for Research and Evaluation conducted more than 100 evaluations of abstinence education interventions in 30 states over the past 15 years and found that well-designed and well-implemented abstinence education programs can reduce teen sexual activity by as much as one-half over a period of one to two years. *Abstinence" or "Comprehensive" Sex Education?* The Institute for Research and Evaluation, 2007.

The Birth Control Pill, Norplant, IUD, diaphragm, cervical cap, sponge, Depo-Provera and spermicides do not protect against STDs. "Preventing STDs," Wills, Judith Levine, *FDA Consumer*, Publication No. (FDA) 94-1210, June 1993. Latex Condoms may reduce but cannot eliminate the risks of contracting STDs. "Sexually Transmitted Diseases", Nestor, Lynn Paige, MSN, and O'Connell, Michelle Brott, BSN, *U.S. Department of Health & Human Services, Public Health Service*. U.S. Food and Drug Administration tests designed to measure the leakage of viral particles through latex condoms reveal significant leakage of HIV-sized particles under some conditions for one-third of the condoms tested. *Sexually Transmitted Diseases*, July - August, 1992, 194, 230-234. A U.S. government study revealed no proof that condoms prevent the transmission of the most common sexually transmitted infections, including gonorrhea, chlamydial infection, trichomoniasis, genital herpes, syphilis, chancroid, and HPV-associated diseases. "Workshop Summary: Scientific Evidence of Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention," *National Institutes of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services*. July 20, 2001. There's no absolute guarantee that a person won't get a sexually transmitted disease even when using a condom.

<http://www.fda.gov/ForConsumers/byAudience/ForPatientAdvocates/HIVandAIDSActivities/ucm126372.htm>  
accessed 5/31/12 Page Last Updated: 07/22/2010

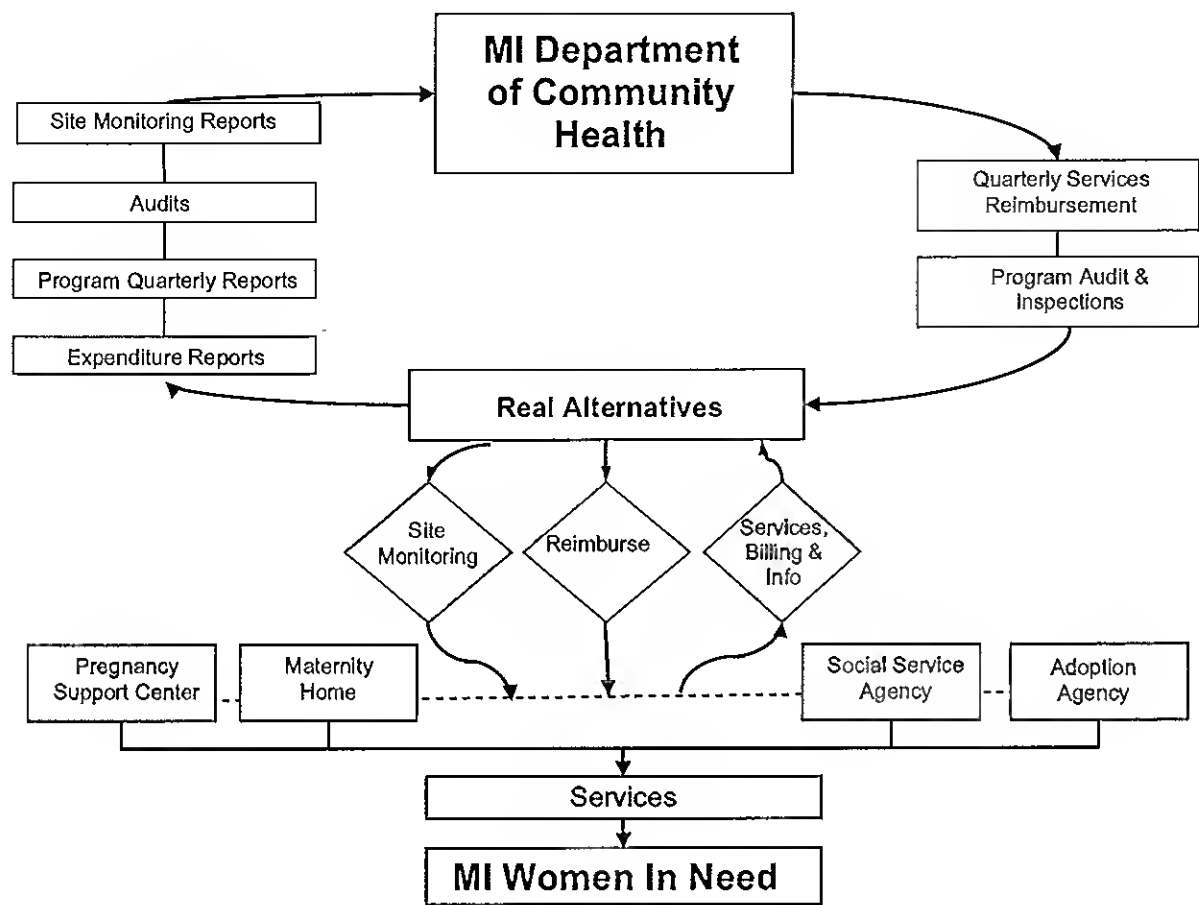
A large number of teens and some adults may be engaging in oral sex to prevent pregnancy and sexually transmitted diseases. However, a report from the National Center for Health Statistics (a division of the CDC) cited evidence that HIV, gonorrhea, Chlamydia, chancroid, and syphilis can all be transmitted through oral sex. "Oral Sex is Common Among Teens to Prevent STDs and Pregnancy", *MedPage Today*, September 16, 2005, pp. 1-4. Herpes, gonorrhea, syphilis, hepatitis A, B, and C, and HIV all can be transmitted through oral sex. <http://teens.webmd.com/rm-quiz-safe-sex> accessed 5/31/12 Page last Reviewed by Brunilda Nazarlo, MD on August 26, 2011.

When compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly less likely to be happy and more likely to feel depressed. Also, when compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly more likely to attempt suicide. "Sexually Active Teenagers Are More Likely to be Depressed and to Attempt Suicide", *The Heritage Foundation*, June 2, 2003, pp. 1-8.

Females with a history of casual sex report most depressive symptoms. For females, as the number of sexual partners increase, depressive symptoms increase as well. *No Strings Attached: The Nature of Casual Sex in College Students*, *The Journal of Sex Research*, Vol. 43, No. 3, August 2006, pp. 255-267. STDs are one of the most critical health challenges facing the nation today.

A CDC study estimated that 1 in 4 (26%) young women between the ages of 14-19 years old in the United States are infected with at least one of the most common sexually transmitted diseases. Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease, *2008 National STD Prevention Conference*, Press Release, March 11, 2008.

Exhibit 3



	A	B	C	D	E	F	G	H	I	J	K	L
1												
2												
3												
4												
5	Cost Category	FY13-15 Budget at 6/25/15	Estimated Final Expenses 9/15	FY 15-16 Budget 10/1/15-9/30/16	Total Budget Oct-15 - Sep-16		Cost Category	FY13-15 Budget at 6/25/15	Estimated Final Expenses 9/15	FY 15-16 Budget 10/1/15-9/30/16	Total Budget Oct-15 - Sep-16	
6	Personnel											
7	President & CEO	35,000.00	33,277.35	18,000.00	53,000.00		Vice-President of Operations	25,700.00	26,576.14	15,000.00	41,576.14	
8	VP-Administration	6,923.00	7,764.57	8,000.00	15,923.00		Services Coordinator	5,915.00	2,870.81	3,000.00	8,780.81	
9	Assistant Director of Finance	1,777.00	1,776.88	-	1,777.00		Services Assistance	585.00	377.40	500.00	1,077.40	
10	Accountant	2,900.00	2,483.06	2,750.00	5,550.00		Service Provider Approval	5,100.00	4,039.41	5,000.00	10,139.41	
11	Bookkeeper	1,400.00	1,412.03	2,500.00	3,900.00		Billing Coordinator	3,500.00	2,936.10	3,500.00	7,000.00	
12	Professional Development	624.00	318.08	1,000.00	1,624.00		Service Provider Monitoring	3,000.00	4,389.95	5,000.00	8,000.00	
13	Accrued Vacation and Sick	238.00	-	-	238.00		Hotline Counselor	845.00	502.53	1,000.00	1,845.00	
14	Payroll Taxes	3,830.00	2,893.78	2,750.00	6,580.00		Accrued Vacation and Sick	118.00	-	-	118.00	
15	Workers Compensation	285.00	138.69	200.00	423.00		Payroll Taxes	3,400.00	3,210.33	2,750.00	6,360.33	
16	Pension	1,950.00	1,186.49	1,500.00	3,436.00		Workers Compensation	192.00	153.01	150.00	345.01	
17	Employee Group Insurance	11,000.00	10,602.88	8,000.00	19,000.00		Pension	1,219.00	898.87	1,250.00	2,467.87	
18	Job Advertising	100.00	-	1,000.00	1,100.00		Employee Group Insurance	7,653.00	7,004.15	5,000.00	12,657.15	
19	New Employee Screening	180.00	-	500.00	680.00		Total Personnel	57,224.00	53,068.71	42,150.00	99,278.71	
20	Total Personnel	66,107.00	61,919.84	47,200.00	113,307.00		Operating					
21							Client Education Materials	6,600.00	6,561.26	100,000.00	106,561.26	
22	Operating						Services Advertising	71,000.00	71,000.00	100,000.00	171,000.00	
23	Consulting	2,520.00	2,305.22	3,000.00	5,520.00		Meetings/Seminars	-	-	6,500.00	6,500.00	
24	Local	400.00	-	1,000.00	1,400.00		Travel	6,400.00	3,212.39	6,500.00	12,912.39	
25	Postage/Shipping	1,000.00	743.59	2,000.00	3,000.00		Sves Database Consulting & Dev	13,000.00	13,045.44	10,000.00	26,045.44	
26	Auditing	2,500.00	2,178.55	500.00	5,000.00		Counseling Reimbursement	431,776.00	328,883.72	451,350.00	870,133.72	
27	Travelling	500.00	362.68	500.00	1,000.00		Hotline Referral System	750.00	483.80	500.00	1,233.80	
28	Rent	7,000.00	6,434.42	10,000.00	17,000.00		Contract Closeout Cost	10,000.00	-	-	10,000.00	
29	Telephone Service	1,650.00	1,394.74	1,000.00	2,650.00		Total Operating	539,528.00	423,166.41	674,850.00	1,214,376.00	
30	General Business Liability Ins	500.00	313.32	500.00	1,000.00		Equipment					
31	Insurance-Directors & Officers	850.00	750.00	1,000.00	1,650.00		Pregnancy Test Kits	3,500.00	881.10	3,000.00	6,500.00	
32	Office Expenses	4,043.00	3,383.12	9,500.00	13,323.00		Services Expenses	600,250.00	477,096.22	720,000.00	1,320,246.00	
33	Computer Resources	12,175.00	11,889.00	1,500.00	13,675.00		Total Remaining Services Expenses		123,153.78		123,153.78	
34	Total Operating	33,143.00	29,768.44	92,300.00	65,443.00		Total Admin & Services	700,000.00	599,065.51	800,000.00	1,399,065.51	
35	Equipment	500.00	281.01	500.00	1,000.00							
36	Administrative Expenses	89,750.00	81,969.29	80,000.00	179,750.00							
37	Total Remaining Administrative Expenses		7,780.71									
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## **Dunbar, Paulette Dobynes (DHHS)**

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**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Thursday, August 27, 2015 5:36 PM  
**To:** Hennesey, Diane (DCH) (HenneseyD@michigan.gov)  
**Subject:** FW: Real Alternatives: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program  
**Attachments:** ATTACHMENT A.pdf; ATTACHMENT E.pdf; Michigan Budget 2013-2016 Summary-BR-8-26-15-Oct13-Sep16.pdf  
**Importance:** High

I don't think the meeting has been set up yet but I need these items in a meeting folder. Thanks.

---

**From:** Derman, Barbara (DCH)  
**Sent:** Thursday, August 27, 2015 10:29 AM  
**To:** Hensler, Jeanette (DCH); Dunbar, Paulette Dobynes (DCH)  
**Subject:** Real Alternatives: Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program  
**Importance:** High

Would you like me to set up a time for a conference call to discuss the proposal from Real Alternatives?

I reviewed them and seems like what we asked for. Attachment A , E are essentially the same as previously submitted and approved by us. The Budget looked to me like what we requested, my only thought was that the advertising budget item is a bit high, but we have discussed with them their need/desire to advertise/outreach, so may be ok as well. They do describe this activity generally in the program description (Attachment E) They include in this section the hotline which has its own line item in the budget.

*Barbara (Quess) Derman, MSW*

Public Health Consultant, Reproductive & Preconception Health  
Michigan Department of Health and Human Services  
PO Box 30195, 109 W. Michigan Ave., Lansing, Michigan 48909  
Phone: 517-335-8696 Fax: 517-335-8822 Cell: 517-449-5968  
[DermanB@michigan.gov](mailto:DermanB@michigan.gov)

**From:** Kevin Bagatta [<mailto:kbagatta@realalternatives.local>] On Behalf Of Kevin I. Bagatta, Esquire  
**Sent:** Wednesday, August 26, 2015 9:13 PM  
**To:** Hensler, Jeanette (DCH) <[HenslerJ1@michigan.gov](mailto:HenslerJ1@michigan.gov)>; Kevin I. Bagatta, Esquire <[ra-president@comcast.net](mailto:ra-president@comcast.net)>; Broessel, Kristi (DCH) <[BroesselK@michigan.gov](mailto:BroesselK@michigan.gov)>; Dunbar, Paulette Dobynes (DCH) <[dunbarp@michigan.gov](mailto:dunbarp@michigan.gov)>; Derman, Barbara (DCH) <[DermanB@michigan.gov](mailto:DermanB@michigan.gov)>  
**Cc:** Thomas A. Lang, Esq. <[ra-operations@comcast.net](mailto:ra-operations@comcast.net)>; Clifford W. McKeown, Esq. <[ra-finance@comcast.net](mailto:ra-finance@comcast.net)>  
**Subject:** Contract year 2015-2016 proposal for MI Pregnancy and Parenting Support Services Program

Hi Jeanette:

Attached are three documents:

1. A new Statement of Work
2. A new Program Description and Work plan
3. A new 2013-2016 Program Budget

Is our understanding correct that we will be able to expend contract year 2013-2015 funds in the each budget line until they run out AND then use the contract year 2015-2016 funds in those budget lines?

For example: Rent, in the attached budget, we are projecting to have surplus at September 30, 2015. In October and November, we would use those funds – where they will then probably be depleted (and the column would show "0"). Come December we would start using the contract year 2015-2016 funds (\$800,000) for rent. Is that correct?

You see how we will track the 10% (\$80,000) for the contract year 2015-2016 funds (\$800,000). We would submit this budget sheet monthly with our F5R – okay?

Finally, I can provide these documents in any format for you .

Thanks,

Kevin

Kevin I. Bagatta, Esquire

President & CEO

Real Alternatives

7810 Allentown Blvd., Ste. 304

Harrisburg, PA 17112

717-541-7832

---

From: "Hensler, Jeanette (DCH)" <[HenslerJ1@michigan.gov](mailto:HenslerJ1@michigan.gov)>

Date: Wednesday, August 19, 2015 at 11:56 AM

To: Kevin Bagatta <[ra-president@comcast.net](mailto:ra-president@comcast.net)>, Kristi Broessel <[BroesselK@michigan.gov](mailto:BroesselK@michigan.gov)>, "Dunbar, Paulette Dobynes (DCH)" <[dunbarp@michigan.gov](mailto:dunbarp@michigan.gov)>, "Derman, Barbara (DCH)" <[DermanB@michigan.gov](mailto:DermanB@michigan.gov)>

Cc: "Thomas A. Lang, Esq." <[ra-operations@comcast.net](mailto:ra-operations@comcast.net)>, "Clifford W. McKeown, Esq." <[ra-finance@comcast.net](mailto:ra-finance@comcast.net)>

Subject: RE: Budget Revision for May Invoice

Hi Kevin,

Thank you for your response. We understand that you may not be able to track this funding separately, so instead we would like to propose that you revise the existing budget to include the additional \$800,000 for a total budget of \$1,500,000 for the amendment. The amendment period will extend the grant agreement end date to 9/30/16. To continue to expend the remaining funds from FY 2014 and the new funds for FY 2015, we need to add the new funds for FY 2015 to the existing agreement versus creating a new agreement.

In order to proceed with this amendment, we will need you to provide a revised budget for the total grant agreement amount of \$1,500,000 and a revised Statement of Work to extend the agreement to September 30, 2016. As you are building your budget, please ensure the administrative costs associated with the additional \$800,000 are capped at 10%.

Also, this amendment process is time sensitive as the State of Michigan fiscal year-end deadlines are quickly approaching. We would appreciate your assistance to submit the revised budget and Statement of Work to Quess Berman and I no later than August 26<sup>th</sup> if possible. If we receive the amendment documents by August 26<sup>th</sup>, we will target sending you the amendment for signature by September 2nd.

Please let me know if you have any questions. Thank you very much for your attention to this matter.

Jeanette Hensler, Manager  
Michigan Department of Health and Human Services  
Grants Section  
(517)241-8764

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**From:** Kevin I. Bagatta, Esquire [<mailto:ra-president@comcast.net>]  
**Sent:** Tuesday, August 11, 2015 7:12 PM  
**To:** Broessel, Kristi (DCH); Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH); Hensler, Jeanette (DCH)  
**Cc:** Thomas A. Lang, Esq.; Clifford W. McKeown, Esq.  
**Subject:** Re: Budget Revision for May Invoice

Hi Kristi:

Sorry to hear you are leaving the program – thank you for working with us to facilitate the start!

Tom, Cliff and I do not believe we will be able to account for the two contract funding amounts simultaneously. Our accounting and cost allocation system is set-up to allocate cost by separate program, not multiple contract funding lines within a program. The \$700,000 two-year program has been accounted for and cost allocated by a October 1 – September 30 contract year. We need the follow-on \$800,000 program to follow that contract year accounting period to ensure we accurately allocated costs for each program.

In addition, we are concerned that current projected available services counseling money under the \$700,000 two year program will not deplete fast enough for us to have administrative funds to pay for the work required to support the services. At the present services reimbursement rate, the counseling fund line will not be depleted until well after November – maybe January.

Within the last 30 days, we have trained four different potential service providers in the approval process - these providers are from Grand Rapids, Lansing, Hillsdale, and Dearborn Heights. Since the usual approval process takes 60–75 days, those new service providers will not be providing services until after October 15. So we will have incurred extra administrative expenses that will not result in increase services until after November.

We will run out of administrative money under the \$700,000 program before we run out of services money because we have extended the one year contract to two years. Our 15% administrative expenses assumed start-up and services expended in 12 months not 24 months. Michigan Service providers were much slower to respond to the program than our programs in PA, TX, and IN.

Our administrative funds will be expended by October 1, 2015. At that time, the total 24 month administrative cost ratio will be 21%. [FYI – 10/1/13 – 9/30/15 – admin ratio with start-up was 37.62%, 10/1/14-6/30/15 – admin ratio is 10.5%]

We request that after September 30, 2015, any unused funds from the \$700,000 program (now estimated to be \$140,000) be rolled over to the \$800,000 program starting October 1. We would apply the unused services funds to services under the \$800,000 program and administer those funds at 10%.

Kevin I. Bagatta, Esquire  
President & CEO  
Real Alternatives  
7810 Allentown Blvd., Ste. 304  
Harrisburg, PA 17112  
717-541-7832

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**From:** Kristi Broessel <BroesselK@michigan.gov>  
**Date:** Wednesday, July 22, 2015 at 11:05 AM  
**To:** Kevin Bagatta <ra-president@comcast.net>, "Dunbar, Paulette Dobynes (DCH)" <dunbarp@michigan.gov>, "Derman, Barbara (DCH)" <DermanB@michigan.gov>, "Hensler, Jeanette (DCH)" <HenslerJ1@michigan.gov>  
**Cc:** "Thomas A. Lang, Esq." <ra-operations@comcast.net>, "Clifford W. McKeown, Esq." <ra-finance@comcast.net>  
**Subject:** RE: Budget Revision for May Invoice

Thank you for your message. The Department is planning to add the \$800,000 to your existing contract through an amendment. There will be no new contract starting October 1, 2015. The 10% cap is on the \$800,000 for FY 15 and does not apply to the existing \$700,000 funds from FY 14. We recommend that that you present a separate budget for the \$800,000 for FY 15 to help clarify that the 10% cap applies to these FY 15 funds and not the FY 14 funds. We would also suggest that you list the FY 15 Administrative and Services expenditures separately from the FY 14 Administrative and Services expenditures in the Other Expense category on the Budget Summary and in the Budget Detail. If this is not possible, please let us know.

Also, I have a new role in the Department. Jeanette Hensler, Grants Section Manager, will be taking my place on this project and will be working closely with Quess and Paulette on this amendment. Ms. Hensler will assist with preparing the grant agreement amendment(s) that will be sent out for your review, approval, and signature and will be working with Quess, Paulette and yourself to develop the budget for this amendment as we have done in the past.

It has been a pleasure working with you and your team on this project over the past two years. I wish you continued success and growth with your program to provide alternatives to women and families in Michigan. Best Wishes!

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**From:** Kevin I. Bagatta, Esquire [mailto:ra-president@comcast.net]  
**Sent:** Tuesday, July 21, 2015 12:41 PM  
**To:** Dunbar, Paulette Dobynes (DCH); Derman, Barbara (DCH)  
**Cc:** Broessel, Kristi (DCH); Thomas A. Lang, Esq.; Clifford W. McKeown, Esq.  
**Subject:** Re: Budget Revision for May Invoice

Hi Quess,

Here is the narrative you requested for the budget revision we submitted.

Thanks for the information on the renewal and the roll-over of the remainder of the funds not expended under the FY 13/14-FY14/15 contract. Our rough prediction is that the new contract starting this October 1,, 2015 will be around \$1 million - \$800,00 plus \$200,000 remainder. With the 10% cap, that would be about

\$100,000 in administrative costs. Right now, we have one potential service provider in the approval process and three more scheduled for training.

With a \$1 million dollar program, that would be very sufficient for a full state-wide program – we are pretty excited about that. We have had inquiries from the upper peninsular from potential service providers in the past.

We'll start working the details and do our best to meet the deadline – we started our end of the fiscal year audit today.

Thanks again!

Kevin

#### **BUDGET REVISION NARRATIVE**

##### **ADMINISTRATIVE EXPENSES**

###### **Personnel**

Increase to President & CEO, VP – Administration, Accountant, Payroll Taxes lines was due to Increased cost of contract year extension. More time was required to meet contract goals.

Increase in Employee Group Insurance line was due to increased cost of contract year extension as well as increase premium cost.

###### **Operating**

Decrease in Consulting, Legal, Auditing, Travel-Lodging, Office Expense, and Computer Resource lines was due to less cost than projected.

Increase in Rent and telephone service line was due increased cost of contract year extension. These costs increased because more time was required to meet contract goals.

##### **SERVICES EXPENSES**

###### **Personnel**

Increase to VP – Operations, Billing Coordinator, Payroll Taxes lines was due to increased cost of contract year extension. More time was required to meet contract goals.

Increase in Employee Group Insurance line was due to increased cost of contract year extension as well as increase premium cost.

Addition of Services Coordinator and Services Assistance lines was due to rearrangement of program tasks to different Real Alternatives staff.

###### **Operating**

Increase in Client Education Materials line was due to greater than expected costs.

Increase in Travel line is due to VP-Operations travel for site monitorings this summer.

Increase in Services database Consulting & Development line was due to increased cost of contract year extension. More time was required to meet contract goals.

Decrease in Hotline Referral System line was due to less cost than projected.

Decrease in Counseling Reimbursement would be necessary to cover the costs of contract close-out should contract not be renewed. With contract extension and renewal, contract closeout costs will not be required.

Kevin I. Bagatta, Esquire  
President & CEO  
Real Alternatives  
7810 Allentown Blvd., Ste. 304  
Harrisburg, PA 17112  
717-541-7832

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From: Kevin Bagatta <[ra-president@comcast.net](mailto:ra-president@comcast.net)>

Date: Thursday, June 25, 2015 at 4:44 PM

To: Kristl Broessel <[BroesselK@michigan.gov](mailto:BroesselK@michigan.gov)>, "Dunbar, Paulette Dobyne (DCH)" <[dunbarp@michigan.gov](mailto:dunbarp@michigan.gov)>, "Derman, Barbara (DCH)" <[DermanB@michigan.gov](mailto:DermanB@michigan.gov)>

Cc: "Thomas A. Lang, Esq." <[ra-operations@comcast.net](mailto:ra-operations@comcast.net)>

Subject: Budget Revision for May Invoice

Hi Kristl, Paulette, and Quess,

Attached is a budget revision we would like approved and applied to the May invoice we will be submitting soon.

Please Note:

1. We would move money from admin to services – thereby lowering the administrative cost ratio to 14.25%
2. Some of the budget line increases are due to the lengthening of the contract
3. The "contract close out" line would be moved into the "counseling" line upon execution of the follow-on contract or amendment of the present contract.

Tom Lang and I can discuss this further at your convenience.

Thanks,

Kevin

Kevin I. Bagatta, Esquire  
President & CEO  
Real Alternatives  
7810 Allentown Blvd., Ste. 304  
Harrisburg, PA 17112  
717-541-7832

	A	B	C	D	E	F	G	H	I	J	K
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2											
3											
4											
5											
6	Cost Category	FY13-15 Budget at 6/25/15	Estimated Final Expenses 9/15	FY 15-16 Budget 10/1/15-9/30/16	Total Budget Oct-13 - Sep-16		Cost Category	FY13-15 Budget at 6/25/15	Estimated Final Expenses 9/15	FY 15-16 Budget 10/1/15-9/30/16	Total Budget Oct-13 - Sep-16
7	Personnel										
8	President & CEO	35,000.00	33,277.35	38,000.00	53,000.00		Vice-President of Operations	25,700.00	26,876.14	15,000.00	40,700.00
9	VP-Administration	8,923.00	7,764.57	9,000.00	15,923.00		Services Coordinator	5,975.00	2,870.81	5,000.00	8,975.00
10	Assistant Director of Finance	1,777.00	1,776.88	-	1,777.00		Services Assistant	585.00	377.40	500.00	1,085.00
11	Accountant	2,900.00	2,489.05	2,750.00	5,550.00		Service Provider Approval	5,100.00	4,039.41	5,000.00	10,100.00
12	Bookkeeper	1,400.00	1,412.03	2,500.00	3,900.00		Billing Coordinator	3,500.00	2,936.10	3,500.00	7,000.00
13	Professional Development	824.00	318.08	1,000.00	1,624.00		Service Provider Monitoring	3,000.00	4,369.96	5,000.00	8,000.00
14	Accrued Vacation and Sick	238.00	-	-	238.00		Holiness Counselor	845.00	502.53	1,000.00	1,845.00
15	Payroll Taxes	3,850.00	2,893.78	2,750.00	6,590.00		Accrued Vacation and Sick	118.00	-	-	118.00
16	Workers Compensation	285.00	138.69	200.00	485.00		Payroll Taxes	3,450.00	3,210.33	2,750.00	6,150.00
17	Pension	1,950.00	1,186.49	1,500.00	3,450.00		Workers Compensation	182.00	163.01	150.00	342.00
18	Employer Group Insurance	11,000.00	10,802.88	8,000.00	19,000.00		Pension	1,219.00	899.87	1,250.00	2,469.00
19	Job Advertising	100.00	-	1,000.00	1,100.00		Employee Group Insurance	7,650.00	7,004.15	5,000.00	12,850.00
20	New Employee Screening	180.00	-	500.00	680.00		Total Personnel	57,274.00	53,068.71	42,150.00	99,374.00
21	Total Personnel	66,107.00	61,919.84	47,200.00	113,307.00		Operating				
22	Operating						Client Education Materials	6,600.00	6,551.25	100,000.00	106,600.00
23	Consulting	2,500.00	2,305.22	3,000.00	3,500.00		Services Advertisement	71,000.00	71,000.00	100,000.00	171,000.00
24	Legal	400.00	-	1,000.00	1,400.00		Meetings/Seminars	-	-	6,500.00	6,500.00
25	Postage/Shipping	1,000.00	749.59	2,000.00	3,000.00		Travel	6,400.00	3,212.39	6,500.00	12,900.00
26	Auditing	2,500.00	2,176.55	5,000.00	5,000.00		Travel	13,000.00	13,045.44	10,000.00	23,000.00
27	Travelling/Lodging	500.00	382.88	500.00	1,000.00		Saves Database Consulting & Dev	431,776.00	378,883.72	451,350.00	863,128.00
28	Rent	7,000.00	6,454.42	10,000.00	17,000.00		Counseling Reimbursement	750.00	463.80	500.00	1,250.00
29	Telephone Services	1,650.00	1,354.74	1,000.00	2,650.00		Holiness Referral System	10,000.00	-	-	10,000.00
30	General Business Liability Ins	500.00	313.32	500.00	1,000.00		Contract Closeout Cost	-	-	-	-
31	Insurance-Directors & Officers	850.00	750.00	1,000.00	1,850.00		Total Operating	539,528.00	473,168.41	674,850.00	1,214,378.00
32	Office Expense	4,043.00	3,383.12	3,400.00	13,343.00		Equipment				
33	Computer Resources	12,175.00	11,899.00	1,500.00	13,675.00		Pregnancy Test Kits	3,500.00	861.10	3,000.00	6,500.00
34	Total Operating	33,143.00	29,768.44	32,300.00	65,443.00		Services Expenses	600,250.00	477,096.22	720,000.00	1,320,250.00
35	Equipment	500.00	281.01	500.00	1,000.00		Total Remaining Services Expenses		123,153.78		
36	Equipment Service Contracts	500.00					Total Admin & Services	700,000.00	589,065.51	800,000.00	1,500,000.00
37	Administrative Expenses	98,750.00	91,969.29	80,000.00	179,750.00						
38	Total Remaining Administrative Expenses		7,780.71								
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## **MICHIGAN PREGNANCY AND PARENTING SUPPORT SERVICES PROGRAM**

**October 2013 – September 2016  
Program Description and Work Plan**

### **INTRODUCTION**

Real Alternatives is a national, private, tax-exempt, non-profit corporation pursuant to Section 501(c) (3) of the Internal Revenue Code. Using its proprietary "Real Alternatives Program and Instructional Design" (RAPID)<sup>1</sup> system, Real Alternatives has administered the successful and nationally-recognized Alternative to Abortion Services Program as the prime contractor for the Commonwealth of Pennsylvania since July 1, 1997.

The government funding received by Real Alternatives from state governments enables Real Alternatives to provide free, caring, confidential and comprehensive pregnancy support, parenting and adoption education services that encourage a decision of childbirth instead of abortion, to women and their families who are experiencing unexpected pregnancies. Those critical and extremely beneficial services are directly provided through a network of vendor service providers comprised of social service agencies, pregnancy support centers, maternity homes and adoption agencies.

#### **Corporate Mission Statement**

Real Alternatives exists to provide life-affirming alternative to abortion services throughout the nation. These compassionate support services empower women to protect their reproductive health, avoid crisis pregnancies, choose childbirth rather than abortion, receive adoption education, and improve parenting skills.

### **CORPORATE BACKGROUND AND EXPERIENCE**

Real Alternatives has been the prime contractor for the Commonwealth of Pennsylvania's alternative to abortion services program for the last 18 years. During that time, over 250,000 women throughout the Commonwealth have been served. Real Alternatives receives the Alternative to Abortion Services grant from the Commonwealth of Pennsylvania Department of Human Services to provide comprehensive pregnancy, parenting and adoption support services to pregnant women who are experiencing an unexpected pregnancy, so they choose childbirth rather than abortion. This is accomplished through a vendor network of approximately 100 social service agencies, pregnancy centers, maternity homes and adoption agencies.

In 2013, Real Alternatives was selected by the Michigan Department of Community Health to be the prime contractor for the State of Michigan's Pregnancy and Parenting Support Services Program. With a network of 17 service provider sites, over 1,450 women throughout the southern region of Michigan have been served since October 2013.

In 2014, Real Alternatives was selected by the Indiana State Department of Health to be the prime contractor for the State of Indiana's Pregnancy and Parenting Support Services Program. With a network of 16 service provider sites, over 7,500 women throughout the northern region of Indiana have been served since October 2014.

Always striving to deliver quality, cost effective services to women, Real Alternatives was recognized by the Central Pennsylvania Business Journal in 2002 and again in 2004 for its technological innovation and cost savings by being selected as a finalist for the Annual Nonprofit Innovation Award. In 2004, Real Alternatives was also one of the first four nonprofits to be awarded the prestigious Pennsylvania Association of Nonprofit Organizations (PANO) Seal of Excellence for meeting the 56 Standards of Excellence criteria for nonprofits. In 2007 and again in 2013, Real Alternatives earned recertification for the PANO Seal of Excellence. Real Alternatives recognizes that a government program is only as good as its last audit. Using the RAPID system has lead to 18 straight perfect CPA audits for Real Alternatives.

Real Alternatives is governed by a Board of Directors and a set of bylaws. The registered office of the Corporation is 7810 Allentown Boulevard, Suite 304, Harrisburg, Pennsylvania 17112, telephone: 717-541-1112, fax: 717-541-9713. Federal ID Number is 23-2868660. The business and affairs of Real Alternatives are managed by its Board of Directors. The board hired and sets the duties of the President & CEO, and he is empowered by the Corporation to carry out the policies of the Corporation, throughout all endeavors on behalf



of Real Alternatives. The President & CEO, Kevin I. Bagatta, Esquire, is the point of contact for questions regarding this grant agreement. Except as otherwise required by Pennsylvania corporate law or other law, the entire control of the Corporation (its management, affairs, and property) is vested in the Board of Directors of the Corporation.

#### **Real Alternatives Staff**

Real Alternatives is a national nonprofit corporation with two divisions: one that supports the \$6.7 million a year Pennsylvania Program, the \$1 million a year Indiana Program, and the \$1.5 million Michigan Program and the second division that supports national expansion of government-funded alternative to abortion programs.

The executive management team for the Real Alternatives consists of a full-time President & CEO, a full-time Vice President of Operations, a full-time Vice President of Administration, and a full-time Services Coordinator. Additional personnel include a part-time Accountant, part-time Bookkeeper, a part-time Billing Coordinator, a part-time Special Projects Coordinator, a part-time Community Outreach Coordinator, and a near full-time Toll-Free Counselor.

#### **PROGRAM WORK PLAN**

Real Alternatives, through a network of pro-life pregnancy support centers, maternity homes, adoption agencies, and social service agencies (vendor service providers), plans to reach out to each woman, no matter what her background or circumstances, and without fee. Compassionate, trained counselors will assess each woman's situation and assist her in developing a positive life-affirming approach to her pregnancy. Assistance during and after the parenting and adoption decision involves counseling, education, material assistance, and referrals. By empowering women in an unexpected pregnancy with this assistance, they no longer feel compelled to choose abortion out of a sense of being alone, helpless, and hopeless. The outcome goals of this pregnancy and parenting support program will be that women facing crisis/unexpected pregnancies in the state of Michigan will be aware of this comprehensive program, they will receive support, will have improved parenting skills, and will receive adoption education. Such outcome goals will empower them to choose childbirth rather than abortion. This program in turn will have a lowering impact on the Michigan Abortion Choice Percentage (see exhibit 1 in the appendices), and be a factor in reducing medical costs<sup>2</sup>, improving women's health<sup>3</sup>, and obtaining overall long-term savings for the taxpayers of Michigan.

#### **Program Design**

Real Alternatives will utilize the RAPID system to administer this regional program. Real Alternatives, which holds all right, title, and interest to the RAPID system, has proven success in Pennsylvania, Michigan, and Indiana, as a good steward of government financial resources to meet government's desire to assist women to seek an alternative to abortion. Real Alternatives, as the prime contractor, will provide statewide program operations services including program administration and centralized client outreach.

The following is the overall design of the RAPID system, already working in Pennsylvania, Michigan and Indiana along with the description of tasks that will be taken by Real Alternatives in Michigan for program deployment and ongoing operation. (This explanation is visually portrayed at Exhibit 3 in the appendices.)

#### **Program Vendor Service Providers**

Presently, 5 vendor service providers with 17 sites are providing pregnancy and parenting support services in Michigan under the program. Real Alternatives plans to recruit and subcontract with more vendor service providers to perform program operational services, primarily involving counseling and support services to clients. Those potential vendor service providers include pregnancy support centers, maternity homes, adoption agencies, and social service agencies that provide life-affirming alternative to abortion services presently throughout the State of Michigan. Specific emphasis will be on those potential service providers geographically located north of State Route 10 so the program will provide statewide coverage of services. Real Alternatives will contact them in October/November 2015 advising them of Real Alternatives' plan to contract with those who meet Real Alternatives' vendor standards to perform services under the Michigan Department of Community Health grant.

First, the potential vendor service providers are screened for eligibility and are then approved as subcontractors. Next, their counselors who will be providing the services are trained on program requirements, eligible services and restrictions in delivery of those counseling services.

Once counselors in the field are certified, they submit information online each time they provide approved services to program eligible clients. This information includes demographic information, topics discussed in the counseling session, counseling and referral time, and billing information, along with a required certification by the counselor of the validity of what is being submitted for reimbursement. This online information is submitted daily and processed by Real Alternatives. Real Alternatives gathers the regional data and converts it for use in the financial accounting system and performance reporting system. Real Alternatives will continue to report to DCH for the previous month's services performed. Requests for remaining cash advances will occur each month. Once paid, Real Alternatives will pay the vendor service providers for their past month's approved services.

### **Service Provider Selection Process**

Providing pregnancy support that promotes childbirth and alternatives to abortion requires experienced individuals taking the time to listen to the concerns of the women in crisis and supporting them. The quality of the vendor services provided to these women is of utmost importance to Real Alternatives. This dedication to the quality of service is reflected in the RAPID Service Provider Selection Process. Once a potential vendor service provider expresses interest in becoming a vendor service provider for the program after being contacted by Real Alternatives, the potential vendor service provider is asked if they meet the minimum requirements for the program. The minimum criteria required for potential vendor service providers is that they:

- ♦ are a 501(c) 3 tax exempt organization
- ♦ operate an alternative to abortion program that has a stated policy of actively promoting childbirth instead of abortion
- ♦ maintain a pro-life mission and agree not to promote abortions, refer women for abortions, or counsel women to have an abortion as an option to a crisis pregnancy
- ♦ be physically and financially separate from any entity that advocates for abortion, performs abortions, counsels women to have abortions, or refers women for abortion
- ♦ provide core services consisting of information and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting
- ♦ understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
- ♦ are nondiscriminatory
- ♦ agree not to promote religion during government-funded contract services
- ♦ have been in operation a minimum of one year providing core alternative to abortion crisis intervention services to women in a crisis/unexpected pregnancy
- ♦ serve low-income clients
- ♦ do not charge a fee for program services to eligible clients
- ♦ provide a physical site that is handicapped accessible, or that they have the capability to make special provisions to provide program services to persons with disabilities.

Based upon their response to the minimum requirements evaluation, a potential vendor service provider is required to submit a binder of backup documents for review by Real Alternatives. Such documents include at a minimum:

- ♦ proof of IRC 501 (c) 3 tax-exempt status with federal tax number
- ♦ a copy of the Corporate Articles of Incorporation and Amendments filed with the Secretary of State
- ♦ a copy of the Bylaws of the Corporation
- ♦ policy and procedures manual that include a confidentiality policy
- ♦ board of directors or equivalent governing body
- ♦ counseling training materials
- ♦ proof of general liability insurance for sites where services are rendered, as well as automobile and workers compensation insurance.

All material will be reviewed and if the program criteria are met, a visual inspection of the site is

arranged and observed. Upon completion of the visual site inspection, a written evaluation is completed along with the Evaluator's recommendation. The Vice President of Operations then reviews all documents and makes a recommendation to the President & CEO. If the President & CEO approves the potential vendor service provider, then DCH will be informed. An agreement will be offered to the new potential vendor service provider.

Real Alternatives estimates it will contract with between 17- 25 total pro-life vendor service provider sites located throughout Michigan to serve women in need.

### **Service Provider Training and Monitoring**

Upon successful completion of the approval process, the vendor service provider's personnel and volunteers are trained on program compliance. Real Alternatives will accelerate the training through the use of the RAPID Training Process. Vendor service providers are retrained every year on program requirements and compliance. In addition to annual training, each vendor service provider receives on-site and/or remote monitoring for program compliance annually. Monitoring reports on the vendor service provider's physical site, program compliance, and corporate changes will be prepared by Real Alternatives' staff, annotating deficiencies and corrective actions taken. The site monitoring reports will appear in the quarterly reports to DCH.

Quality assurance of services is accomplished by Real Alternatives in multiple ways:

1. initially by the vendor service provider screening process and approval process, then
2. by the training process accomplished by Real Alternatives at counselor training, then
3. by having each counselor sign a certification statement of understanding of important program rules before the forms submitted by them are reimbursed in the system, and
4. finally by monitoring each vendor service provider for programming contract compliance once a year starting in 2015.

Those vendor service providers with multiple sites will have two or more site monitorings performed by the Real Alternatives.

Vendor Service Provider monitoring encompasses three parts. During the Corporate Administration and Program Profile Review, the following is reviewed:

- Review of policy and procedure manuals and documentation of Board of Directors approval (manuals include: Non-Discrimination Policy, Confidentiality Policy, Sexual Harassment Policy, Spiritual Issues Policy, Abortion/contraception Policy, internal client grievance procedures, Limited English Proficiency Policy, Adoption Policy);
- Review of counselor training plan, counseling skills training, training materials, assessment and ongoing training;
- Review of corporate documents (Mission statement, board of directors listing, articles of incorporation, by-Laws, non-profit status);
- Review of program operations (including, Client intake form, Client services, primary client referral sources, provider referral resource list, pregnancy test requirements, client educational materials, and staff/volunteer training procedures)

During the Facility Inspection, the following is reviewed:

- Inspection of facility including: waiting area, counseling areas lavatories, fire safety procedures and equipment,
- review of literature, review of current counselor child abuse clearance, handicap accessibility, confidential handling of client files, review of service site website and/or yellow page ads.

During the Reimbursement Compliance Review, the following is reviewed:

- Review of randomly selected client files for accuracy of billing.

### **Service Provider Reimbursement Method**

In the area of vendor service provider reimbursement, service providers are reimbursed as vendors for the core and support services rendered to women on a "fee-for-service" type of arrangement. The minimum rates for reimbursement are \$1.09 per minute for counseling time and referral time; \$21.80 per class per client; \$10.90 per client self-administered pregnancy test kit, \$10.90 per food, clothing, and/or furniture pantry visits not to exceed four visits per pantry type; and, \$5.45 per online client data collection form. This performance driven reimbursement system rewards vendor service providers who take their program reimbursement and reinvest in their services by opening more centers and hiring more counselors to serve more women in need. By serving more women, these centers receive more reimbursement. No money is "given" to the vendor service providers – they earn it. By using the prime contractor/subcontractor model, vendor service providers do what they do best, one-on-one counseling and mentoring instead of government contracting, and the prime contractor does what it does best, government program administration and client outreach.

This approach results in the Michigan Pregnancy and Parenting Support Services Program maximizing focus and performance for the prime contractors and vendor service providers.

One confidential form is required for the billing system. The client fills out the form containing personal and demographic information and signs it to confirm a person was served that day of service. The form the client fills out allows each client to have the ability to register a complaint or comment at each visit throughout the state using the same method that has been successfully used in the Pennsylvania program for 18 years. Each form will have a telephone number that clients can call to register a complaint about any services provided to them at the vendor service provider level to Real Alternatives. Complaint calls are followed up by Executive Staff.

Real Alternatives will use the RAPID Online Data Collection, Billing, and Reporting Systems software to receive monthly billing from the service providers; process the demographic, billing, and performance data; and submit the services bill to the DCH for reimbursement along with administrative and outreach costs. Once reimbursement occurs from DCH then Real Alternatives will reimburse the vendor service providers.

### **Charitable Choice Act – Faith-Based Organization Policy**

Real Alternatives will implement the present RAPID faith-based policy currently being used in Pennsylvania, Michigan, and Indiana. A faith-based service provider which includes among its activities worship, religious instruction, proselytization or other inherently religious programs cannot be funded for those activities under the Michigan Pregnancy and Parenting Support Services Program. Reimbursement is prohibited for worship services, bible study, prayer meetings, prayer with a client during the program visit, or any form of proselytization, i.e., to recruit members for religious conversion.

If a vendor service provider does engage in such activities with a client in the pregnancy and parenting support program, those activities must occur separately, in time or location, from services provided pursuant to the contract with Real Alternatives. By the way of example of what may constitute separateness in place, if a vendor service provider occupies a building with a single entrance and provides counseling in one of its rooms, it may, with a signed request from a client, immediately after program counseling, engage in spiritual or religious activity with the client in a separate room in the building, with a different spiritual or religious counselor – a person other than the one who provided service under the contract.

An example of separation in time would permit a different spiritual counselor to meet with a client, if the client signs a request, after the counselor providing client services under the Michigan Pregnancy and Parenting Support Services Program, leaves the room.

Participation in religious/spiritual activities by a client must be voluntary, and the client must understand that refusal to participate in religious activities will not disqualify her from receiving services under the program. An approved request form must be provided to the client before any such religious activity occurs to assure that voluntary, informed consent is provided by the client.

A vendor service provider under the contract may retain religious terms in its organization name, select its board members on a religious basis and include religious references in its organization's mission

statements and other governing documents. It cannot, however, include any religious activity or program with client services and must certify to Real Alternatives that it complies with its contract requirements.

### **Program Client Services**

The primary purpose of the Michigan Pregnancy and Parenting Support Services Program is to provide core services consisting of information, education, and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting. The program also provides support services including client self-administered pregnancy test kits, baby food, maternity and baby clothing and baby furniture, information and education, and referrals for other services for the needs of the women and newborn. The information and education provided under support services includes topics regarding infant care, adoption, or parenting.

The enabling legislation for the Michigan Pregnancy and Parenting Support Services Program states the program must promote childbirth and alternatives to abortion. Vendor service providers are to provide free counseling, support, and referral services to eligible women during pregnancy, and through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education.

Real Alternatives, through the vendor service providers, will offer a comprehensive umbrella of core and support services that provide women direct support during and after the crisis/unexpected pregnancy.

For those in a crisis/unexpected pregnancy, core services are delivered by providing direct counseling support during the parenting and adoption decision. Services include:

- ♦ crisis intervention counseling and case management in a non-judgmental atmosphere
- ♦ education on fetal development and the health and nutritional needs of pregnant women, including books, videos, brochures, and fetal models
- ♦ abortion information - what it is, what it does, and negative outcomes associated with it
- ♦ pre- and post-natal education; pregnancy and certified childbirth classes
- ♦ access to information on medical care, hospital clinics, doctors, health care facilities, and other professional services; assistance with identifying drug and alcohol programs, if needed
- ♦ adoption service information
- ♦ life-skill training for parenting and nutritional needs
- ♦ availability of other community social services
- ♦ tangible aid in the form of maternity clothes
- ♦ other programs for the physical and emotional needs of women experiencing the stress of a crisis/unexpected pregnancy

For women who have given birth, support services are delivered by providing direct parenting or adoption support because of their decision not to abort. These services take the form of:

- ♦ parenting counseling and classes
- ♦ education referrals for upgrading skills or obtaining a GED
- ♦ child care referrals
- ♦ mentoring
- ♦ information on Women Infants and Children (WIC) programs
- ♦ job service and vocational training opportunities availability
- ♦ tangible aid in the form of baby and infant items and other needed supplies

For those who come to our Service Providers thinking they may be experiencing a crisis/unexpected pregnancy but are unsure, client self-administered pregnancy test kits are always available. For those in this category who are found to be not pregnant, services include:

- ♦ information on the risks of sexually transmitted diseases
- ♦ relationship counseling
- ♦ decision making education
- ♦ chastity classes
- ♦ teen pregnancy prevention programs

- ♦ other counseling offered to modify risk-taking behavior.<sup>4</sup>

This umbrella of services allows Real Alternatives to provide direct support services so women do not feel the need to have an abortion now or in the future, as well as provide programs that work to prevent the circumstances that might lead to the perceived need for an abortion in the first place. With the ability to provide a wide range of readily available nearby services to Michigan women, they are empowered to make more informed choices concerning their child, as well as begin to plan for a future that will include independence and self-sufficiency. The consistent provision of these services over a significant period of time provides a better opportunity for counselors to help women who desire to change their status from a dependent mother to an independent mother.

#### **Program Administration Services**

Real Alternatives will provide the following program coordination services: seek out, approve and sign contracts with qualified vendor service providers to deliver core services to clients; train approved vendor service providers in program requirements; ensure that only program trained and approved counselors submit for reimbursement under the program; conduct annual on-site and remote monitoring of the vendor service providers used to ensure subcontract and program compliance; conduct annual education material purchase for clients; conduct annual professional education conference for program counselors; conduct statewide program advertising; provide to DCH monthly financial reports of expenses and reimbursement requests for the next quarter's services; provide quarterly reports of statewide vendor service provider performance to DCH including clients served and total visits by age and by county, as well as hotline referrals and patches by age and by county.

#### **Program Educational Material Purchase**

While the vendor service providers' counselors are providing services to clients, Real Alternatives staff will implement a substantial RAPID Client Education Materials Purchase during contract year 2015/2016 of the grant. Again, the state of Michigan will be able to save development time and money by using material which have already been reviewed for currency and accuracy under the RAPID system. Vendor relationships already established by Real Alternatives will be able to be used resulting in appropriate mass quantity discounts. Real Alternatives, with 18 years of experience serving a diverse population of women in crisis pregnancies in the sixth largest state in the US, will continue to develop special education and information materials tailored for the Michigan program.

#### **Program Advertising**

Many women choose not to abort once they are aware there is someone available to assist them during their parenting or adoption decision. Advertising is imperative to inform women that there are people and this program in the state of Michigan to help them. Now that a large number of vendor service providers sites are approved and providing services, the RAPID marketing system will be used to conduct a targeted social media campaign of the RAPID 1-888-LIFE-AID hotline patch system. (See below). As the program grows north geographically to cover the entire state of Michigan, advertising will follow the growth.

Real Alternatives will use the social media ads developed and tested over the years in the Pennsylvania, Indiana and Michigan programs that have been specifically tailored to reach women in a crisis/unexpected pregnancy who are unsure whether to abort or not. Using the methods perfected over the years, media buying will be accomplished by Real Alternatives.

The RAPID LIFE-AID hotline patch system provides a trained, bilingual, crisis intervention telephone counselor to provide brief initial counseling and determine where the caller is calling from. The caller is then patched to a counselor at an approved vendor service provider nearest to her. For those clients searching the internet, referrals are made from the existing bilingual Real Alternatives website [www.RealAlternatives.org](http://www.RealAlternatives.org), which has been adapted for use by Michigan citizens. That website is updated with the latest new service providers immediately once the vendor service providers sign, agree to contract terms, and have been trained by Real Alternatives. To ensure program compliance, only approved vendor service providers who meet program requirements and have contractually agreed to them with Real Alternatives will be listed in these referral sources.

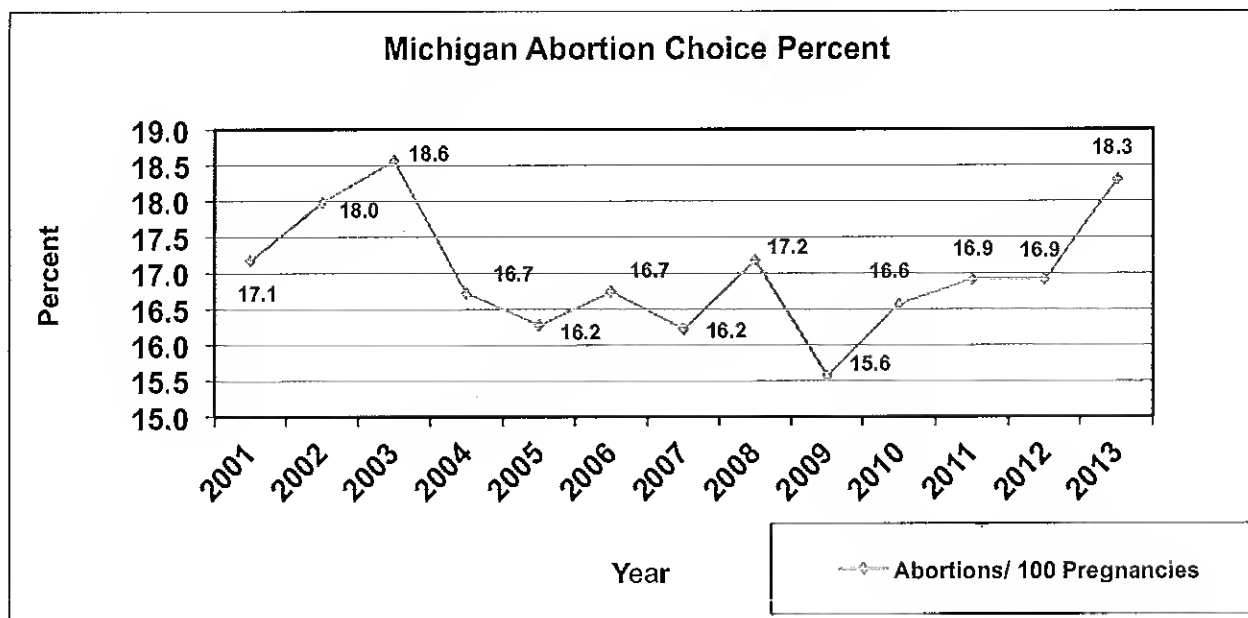
The telephone number 1-888-LIFE-AID, is a national toll-free number owned by Real Alternatives. In order to save costs, the LIFE-AID number is the entry point for the entire Michigan Pregnancy and Parenting Support Services Program. As such, all media, FaceBook and Google ads, brochures, television, and future radio ads will advertise it. During contract year 2015/16 the advertisement budget is high so that Real Alternatives may continue to inform the women of Michigan of the program's existence. As the program grows to the north of the state, advertising will follow. As new clients are referred to vendor service providers, increased reimbursement follows the increase in services. As services and reimbursement increases, reinvestment by the vendor service providers in staff and centers builds more capacity for them to serve more clients.

#### **Program Professional Development Conference for Counselors/mentors**

Real Alternatives will create, plan, and conduct an Annual Program Services Provider Conference for service provider counselors and mentors serving women under the Michigan Pregnancy and Parenting Support Services Program. Counselors and mentors will be invited to the centrally located Conference. Speakers will be hired to provide talks on topics of interest that can assist counselors and mentors as they serve the needs of women in unexpected pregnancies.

#### **ASSUMPTIONS**

This work plan is based on the assumption that DCH will continue to promptly reimburse Real Alternatives monthly for program services expenses that have occurred.



## APPENDICES

### Exhibit 1 /

"The Michigan Abortion Choice Percentage" is calculated by taking the Total MI Resident Abortions and dividing that number by the sum of the Total MI Resident Abortions and Total MI Resident Live Births. All figures used to track this outcome are obtained from the *Michigan Health Statistics*, the Michigan Department of Community Health website. The Abortion Choice Percentage represents the percentage of women who chose to undergo abortions out of the total population of women who could. General program impact can be measured because pregnant women who receive support and encouragement through alternative to abortion services are empowered to choose childbirth rather than abortion.

### Exhibit 2: END NOTES

<sup>1</sup> The RAPID system includes the following copyrighted and proprietary information and material which belongs to and shall remain the exclusive property of Real Alternatives: all software, documents, checklists, staff training materials, service provider user guides, billing systems, and program management tools used to administer a regional Michigan Pregnancy and Parenting Support Program. The RAPID system is not a deliverable under this grant agreement.

<sup>2</sup> Often when faced with a crisis pregnancy, women delay prenatal care resulting in low birth weight babies that increases health care cost and high infant mortality rates. National Prevention Council, *National Prevention Strategy*, Washington, DC:

U.S. Department of Health and Human Services, Office of the Surgeon General, 2011

A prior first trimester induced abortion has been found to be an irreversible risk factor associated with preterm birth. *Immutable Medical Risk Factors Associated with Preterm Birth*. Preterm Birth: Causes, Consequences, and Prevention. Institute of Medicine, 2007, pp. 625.

In addition, for every \$1.00 spent on prenatal care, approximately \$3.38 to \$11.00 could be saved in Neonatal Intensive Care Unit costs. "Preventing Low Birth Weight Summary", *Committee to Study the Prevention of Low Birth Weight, Division of Health Promotion and Disease, the Pennsylvania Department of Health*. The United States currently spends just \$1 to prevent sexually transmitted diseases for every \$43 spent treating the 12 million cases diagnosed each year... teenagers suffer a staggering 3 million cases a year. "STDs are Labeled Hidden Epidemic", *The Harrisburg Patriot*, Nov. 20, 1996, A5. STDs cost the U.S. health care system \$17 billion every year—and cost individuals even more in immediate and life-long health consequences. *Sexually Transmitted Disease Surveillance Report 2010*, Centers for Disease Control and Prevention.



<sup>3</sup> Lowering abortions can lower the incidence of breast cancer. A Turkish study done between 2000 and 2006 showed induced abortion significantly associated with increased breast cancer. *World Journal of Surgical Oncology* 2009, 7:37 doi:10.1186/1477-7819-7-37 This article is available from: [HYPERLINK](http://www.wjso.com/content/7/1/37)

"<http://www.wjso.com/content/7/1/37>" <http://www.wjso.com/content/7/1/37> © 2009 Ozmen et al; licensee BioMed Central Ltd.

In a study of eight European countries, researchers concluded that the increase in breast cancer incidence appears to be best explained by an increase in abortion rates and lower fertility. *The Breast Cancer Epidemic: Modeling and Forecasts Based on Abortion and Other Risk Factors*, Journal of American Physicians and Surgeons, Vol. 12, No. 3, Fall 2007, pp. 72-78.

A study of 1,451 women who developed breast cancer before the age of 40 had a 90 percent increase in the incidence of breast cancer if they aborted their first pregnancy versus those women who delivered their first baby. "An Early Abortion and Breast Cancer Risk Among Women Under Age 40," Howe, H.L., Bzduch, H., Hezfeld, P., *International Journal Epidemiology*, 18:300-304. Additionally, women under age 18 who had an abortion after the eighth week of pregnancy increased their risk of breast cancer by 800 percent. "Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion", *Journal of the National Cancer Institute*, 88:21, November 2, 1994. There is an overall 30 percent risk increase attributable to induced abortion based on meta-analysis of 30 years of studies. Brind, et al. (1997), *J. Epidemiol Community Health* 50:481-496. According to Dr. Angela Lanfranchi, abortion causes breast cancer in about 5% of women who have an abortion. This results in approximately 10,000 cases a year of breast cancer that can be attributed to abortion. After an induced abortion, the female is exposed to very high levels of mitogen and estrogen. This would leave her breast with more places for cancers to start. "The Breast Physiology and the Epidemiology of the Abortion Breast Cancer Link", *Imago Hominis*, 2005, pp. 228-236. The Breast Cancer Prevention Institute claims that the more estrogen a woman is exposed to in her lifetime, the higher her risk for breast cancer. Abortion in women under 18 and over 30 years old carries the greatest risk of getting breast cancer. "The Biologic Cause of the Abortion Breast Cancer Link: The Physiology of the Breast", *Breast Cancer Prevention Institute*, May 2004 (revised). Studies have shown that women who have ever used early formulations of oral contraceptives and who also have a first-degree relative with breast cancer may be at a particularly high risk for breast cancer. Women with a strong family history who have used more recent lower-dosage formulations of oral contraceptives should be advised of the risks regarding oral contraceptive use and breast cancer. "Oral Contraceptives and Breast Cancer: A Note of Caution for High-Risk Women", *The Journal of the American Medical Association*, Vol. 284, No. 14, October 11, 2000, pp. 1-6.

A 2009 study reports that oral contraceptive use contributes to younger women developing breast cancer particularly a type called triple-negative that is aggressive, more difficult to treat and has higher mortality rates. Among women  $\leq 40$  years of age, the risk for breast cancer overall, and the risk of non-triple-negative breast cancer increased with younger age at first use. Dolle, Jessica M. and Daling, Janet R. *Risk Factors for Triple-Negative Breast Cancer in Women Under the Age 45 Years*. *Cancer Epidemiology, Biomarkers & Prevention* 2009; 18(4) April 2009, pp. 1157-1166.

Those who abort a first pregnancy are at a greater risk of subsequent long term clinical depression.... (Summer 2003) "Clinical Depression Linked to Abortion", *British Medical Journal*, 1992, pp. 151-152. Results of a New Zealand study suggest that women who experience distress as a result of having an abortion are more likely to have subsequent mental health problems. *Reactions to abortion and subsequent mental health*, The British Journal of Psychiatry, May 2009, Vol. 195, pp.420-426

<sup>4</sup> Abstinence education meets the two-prong goal of lowering unexpected pregnancies and sexually transmitted diseases. While going through a process of emotional growth in adolescence, teens frequently get involved in risky sexual behaviors that expose them to unexpected pregnancy and sexually transmitted infections. Researchers have found that abstinence-only sex education intervention programs are effective in the prevention of unintended adolescent pregnancies. "Adolescent Pregnancy Prevention: An Abstinence-Centered Randomized Controlled Intervention in a Chilean Public High School", *Journal of Adolescent Health*, 2005, pp. 64-69. Promising programs to improve reproductive health outcomes include those that focus on early childhood investments, that involve teens in school and in outside activities (including youth development in combination with sexuality education and community volunteer learning), and those that send nurses to visit teenage mothers, which reduce their chances of becoming pregnant again. "Preventing Teenage Pregnancy,

Childbearing, and Sexually Transmitted Diseases: What Research Shows", *Child Trends Research Brief*, May 2002, pp. 1-10. True abstinence education programs help young people to develop an understanding of commitment, fidelity, and intimacy that will serve them well as the foundations of healthy marital life in the future. Abstinence education programs have repeatedly been shown to be effective in reducing sexual activity among their participants. "The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth", *The Heritage Foundation*, April 8, 2002, pp. 1-12. The Institute for Research and Evaluation conducted more than 100 evaluations of abstinence education interventions in 30 states over the past 15 years and found that well-designed and well-implemented abstinence education programs can reduce teen sexual activity by as much as one-half over a period of one to two years. *Abstinence" or "Comprehensive" Sex Education?* The Institute for Research and Evaluation, 2007.

The Birth Control Pill, Norplant, IUD, diaphragm, cervical cap, sponge, Depo-Provera and spermicides do not protect against STDs. "Preventing STDs," Wills, Judith Levine, *FDA Consumer*, Publication No. (FDA) 94-1210, June 1993. Latex Condoms may reduce but cannot eliminate the risks of contracting STDs. "Sexually Transmitted Diseases", Nestor, Lynn Paige, MSN, and O'Connell, Michelle Brott, BSN, *U.S. Department of Health & Human Services, Public Health Service*. U.S. Food and Drug Administration tests designed to measure the leakage of viral particles through latex condoms reveal significant leakage of HIV-sized particles under some conditions for one-third of the condoms tested. *Sexually Transmitted Diseases*, July - August, 1992, 194, 230-234. A U.S. government study revealed no proof that condoms prevent the transmission of the most common sexually transmitted infections, including gonorrhea, chlamydial infection, trichomoniasis, genital herpes, syphilis, chancroid, and HPV-associated diseases. "Workshop Summary: Scientific Evidence of Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention," *National Institutes of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services*. July 20, 2001. There's no absolute guarantee that a person won't get a sexually transmitted disease even when using a condom.

<http://www.fda.gov/ForConsumers/byAudience/ForPatientAdvocates/HIVandAIDSAactivities/ucm126372.htm>  
accessed 5/31/12 Page Last Updated: 07/22/2010

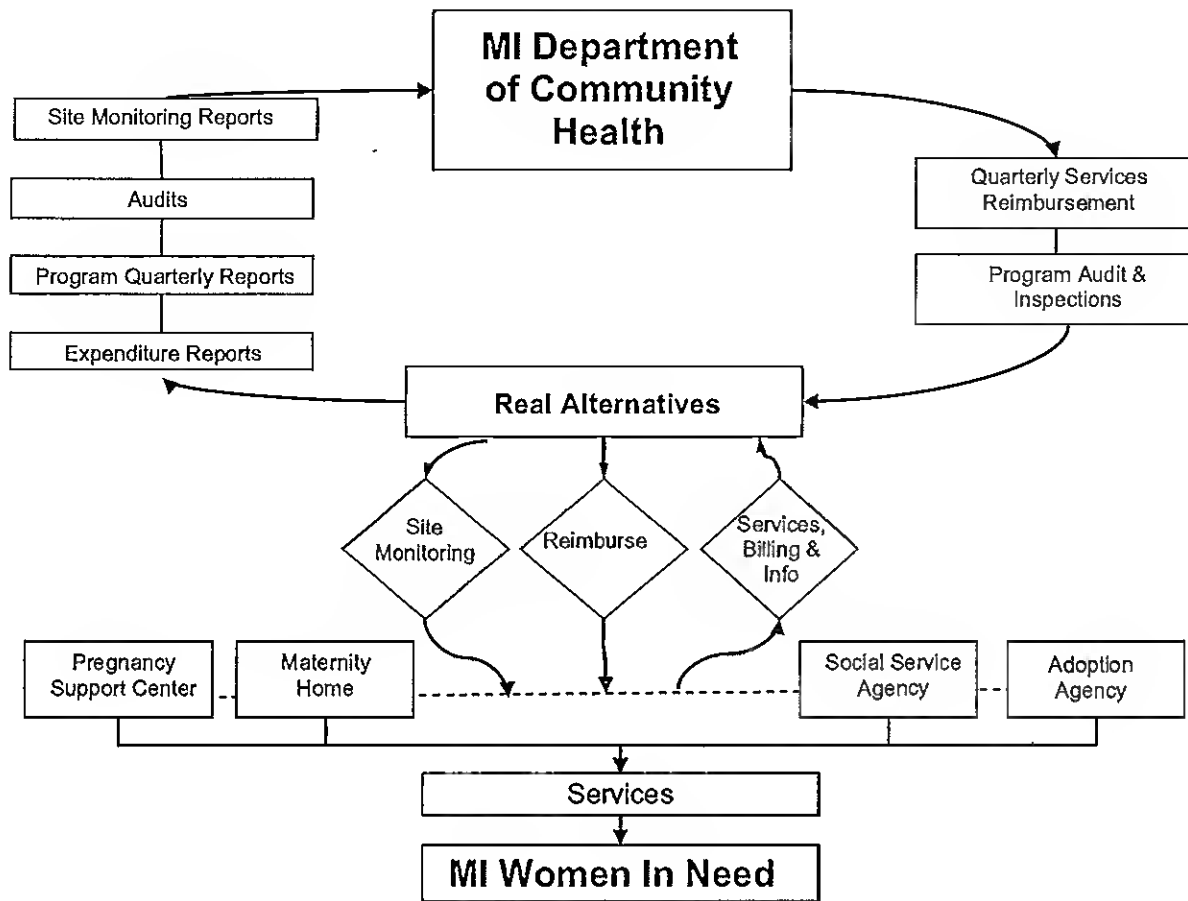
A large number of teens and some adults may be engaging in oral sex to prevent pregnancy and sexually transmitted diseases. However, a report from the National Center for Health Statistics (a division of the CDC) cited evidence that HIV, gonorrhea, Chlamydia, chancroid, and syphilis can all be transmitted through oral sex. "Oral Sex Is Common Among Teens to Prevent STDs and Pregnancy", *MedPage Today*, September 16, 2005, pp. 1-4. Herpes, gonorrhea, syphilis, hepatitis A, B, and C, and HIV all can be transmitted through oral sex. <http://teens.webmd.com/rm-quiz-safe-sex> accessed 5/31/12 Page last Reviewed by Brunilda Nazario, MD on August 26, 2011.

When compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly less likely to be happy and more likely to feel depressed. Also, when compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly more likely to attempt suicide. "Sexually Active Teenagers Are More Likely to be Depressed and to Attempt Suicide", *The Heritage Foundation*, June 2, 2003, pp. 1-8.

Females with a history of casual sex report most depressive symptoms. For females, as the number of sexual partners increase, depressive symptoms increase as well. *No Strings Attached: The Nature of Casual Sex in College Students*, *The Journal of Sex Research*, Vol. 43, No. 3, August 2006, pp. 255-267. STDs are one of the most critical health challenges facing the nation today.

A CDC study estimated that 1 in 4 (26%) young women between the ages of 14-19 years old in the United States are infected with at least one of the most common sexually transmitted diseases. Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease, *2008 National STD Prevention Conference*, Press Release, March 11, 2008.

Exhibit 3



## Statement of Work

## Michigan Pregnancy and Parenting Support Services Program

October 2013 – September 2016

1. Describe the core program elements and the manner in which services will be delivered.
  - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
  - b. Describe the geographic areas within the State where program services will be provided.
  - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
  - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
  - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
  - f. Describe how potential clients will access program services.
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

*Program Objectives*

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
  - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
  - b. An evaluation of the client's needs is made by the counselor during the counseling sessions.
  - c. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreed, non-degreed and volunteers)
  - d. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical care, social services, and other supports as required and available.
  - e. Ensure client feedback is obtained to assure client support during crisis and counseling interventions.
2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.
  - a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
  - b. Provide parenting support utilizing trained counselors (degreed, non-degreed and volunteers)
3. Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.

- a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
  - b. Provide services to women in this category utilizing trained counselors (degreed, non-degreed and volunteers)
4. Serve approximately 4500 women and parents of infants at approximately 12000 visits.
5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
  - a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:
    - i. Referrals for prenatal and pediatric care.
    - ii. Referrals for medical care.
    - iii. Referrals for social services organizations and support services such as:
      - i. WIC, or other nutrition programs; MIHP, or other home visiting programs; local Department of Human Services; local health department; adoption agencies; child care; financial support; housing; education for improving skills or obtaining a GED; job service and vocational training programs; or transportation services as needed.
  - b. Service Provider Organizations are responsible to assure that referral sources are pro-life and continue to be pro-life.
  - c. Service Provider Organizations are responsible to evaluate referral organizations to assure they comply with client service needs.
  - d. Information concerning referral resources will be obtained at each site Monitoring.
6. Assure that program vendor Service Providers:
  - a. Are a nonprofit organization with 501(c)3 tax exempt status
  - b. Operate an alternatives to abortion program that has a stated policy of actively promoting childbirth Instead of abortion
  - c. Maintain a pro-life mission and agree not to promote, refer, or counsel abortion as an option to a crisis or unplanned pregnancy
  - d. Are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion
  - e. Understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
  - f. Provide core services consisting of information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
  - g. Are nondiscriminatory
  - h. Agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
  - i. Have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
  - j. Provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
  - k. Agree to serve all eligible clients, including those with Limited English Proficiency
  - l. Will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
  - m. Maintain client confidentiality
  - n. Will submit their counselor training materials, and policies and procedures manual for evaluation
  - o. Do not charge a fee for services to eligible clients.
  - p. Provide handicapped accessible services.

7. Assure Service Provider compliance with program policies and objectives, including:

- a. Initial and annual site monitoring of Service Provider sites performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2016
- b. Assure accurate record-keeping of client eligibility
- c. Assure accurate submission of billing forms
- d. Assure all services are provided in a respectful and non-judgmental manner
  - i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
  - ii. Assure all services are provided with appropriate cultural sensitivities
- e. Assure financial accountability through program site monitoring.
- f. Ongoing quality assurance measures performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2016

8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to [DFCH@michigan.gov](mailto:DFCH@michigan.gov) by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:

- a. Monitoring activities completed;
- b. Monitoring Report findings for each site monitored and subsequent corrective actions taken;
- c. Technical assistance provided;
- d. Follow-up on site monitoring findings for Service Providers;
- e. Direct service activities such as information/services provided or referrals made;
- f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities;
- g. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by their county of residence, and their age reported by the following age groups:
  1. Less than 16 years old;
  2. 16 years old through 20 years old;
  3. 21 years old through 25 years old;
  4. 26 years old through 30 years old;
  5. 31 years old through 35 years old;
  6. 36 years old through 40 years old;
  7. 41 years old through 45 years old;
  8. 46 years old and older.
- h. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by race, by county, by age (White, African American, Native American, Asian, multi-racial, unknown/not declared)
- i. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by ethnicity, by county, by age (Hispanic, non-Hispanic)
- j. The number of visits by pregnant women, non-pregnant women and parenting women (separate reports for each of these three client types), by county, by age.
  1. Hotline calls from Michigan and number of subsequent referrals to Service Providers
  2. Public Information activities in Michigan
- k. Report number of Service Provider referrals by type:
  1. Prenatal care providers
  2. Pediatric care providers

I. Report of client outcomes

1. Number of clients indicating they are choosing childbirth
2. Number of clients who visited or are planning to visit a health care provider for prenatal care.
3. Number of clients who have taken their child to a pediatric appointment.
4. Number of clients with infants up to date in immunizations.
5. Number of clients who felt supported at the end of their counseling session.

## **Dunbar, Paulette Dobynes (DHHS)**

---

**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Friday, March 13, 2015 11:55 AM  
**To:** Wilkins, Rosemary (DCH)  
**Subject:** Document1 [Compatibility Mode] - Real Alternatives Language  
**Attachments:** Document1 [Compatibility Mode].doc



Sec. 1136. From the funds appropriated in part 1 for prenatal care outreach and service delivery support, \$800,000.00 shall be allocated for a pregnancy and parenting support services program, which program must promote childbirth, alternatives to abortion, and grief counseling. The department shall establish a program with a qualified contractor that will contract with qualified service providers to provide free counseling, support, and referral services to eligible women during pregnancy through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education. The contractor of the program shall provide for program training, client educational material, program marketing, and annual service provider site monitoring. The department shall submit a report to the house and senate appropriations subcommittees on community health and the house and senate fiscal agencies by April 1 of the current fiscal year on the number of clients served.

## **Dunbar, Paulette Dobynes (DHHS)**

---

**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Friday, March 13, 2015 2:41 PM  
**To:** Charest, Deanna (DCH)  
**Cc:** Wilkins, Rosemary (DCH)  
**Subject:** RE: 2015 Boilerplate Reports - Reminder

No we don't. Rose and I talked this morning. Real Alternatives is a part of this one report. We are going to submit all components together because everything comes from the same appropriations account.

---

**From:** Charest, Deanna (DCH)  
**Sent:** Friday, March 13, 2015 2:23 PM  
**To:** Dunbar, Paulette Dobynes (DCH)  
**Cc:** Wilkins, Rosemary (DCH)  
**Subject:** Re: 2015 Boilerplate Reports - Reminder

So do we need to create another report? I thought the Real Alternatives project was included in the legislative report we are completing now.

Sent from my iPad

On Mar 13, 2015, at 11:49 AM, Dunbar, Paulette Dobynes (DCH) <[dunbarp@michigan.gov](mailto:dunbarp@michigan.gov)> wrote:

This is the language for section 1136 related to the Real Alternatives report.

---

**From:** Crawford, Cathy J. (DCH)  
**Sent:** Thursday, March 12, 2015 5:14 PM  
**To:** Fink, Brenda (DCH); Reinhart, Denise (DCH); Derman, Barbara (DCH)  
**Cc:** Dunbar, Paulette Dobynes (DCH); Mayes, Nanette (DCH); Turner, Hillary (DCH); Peeler, Nancy (DCH); Hennesey, Diane (DCH)  
**Subject:** RE: 2015 Boilerplate Reports - Reminder  
**Importance:** High

I do not see this report posted in any previous years:

[http://www.michigan.gov/mdch/0,4612,7-132-2946\\_5080-14214--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2946_5080-14214--,00.html)

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**From:** Fink, Brenda (DCH)  
**Sent:** Thursday, March 12, 2015 4:39 PM  
**To:** Crawford, Cathy J. (DCH); Reinhart, Denise (DCH); Derman, Barbara (DCH)  
**Cc:** Dunbar, Paulette Dobynes (DCH); Mayes, Nanette (DCH); Turner, Hillary (DCH); Peeler, Nancy (DCH); Hennesey, Diane (DCH)  
**Subject:** RE: 2015 Boilerplate Reports - Reminder  
**Importance:** High

Ok, THANKS, Cathy! Now I know what this is—it's not Carrie at all. It's Paulette and Quess (and I'll help as needed). Quess, we must have done this last year as well. I suppose we pull that out and update? Diane, please be sure Paulette sees this.

Brenda Fink, A.C.S.W.  
Director, Division of Family and Community Health  
Michigan Department of Community Health  
109 W. Michigan Ave.

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**From:** Crawford, Cathy J. (DCH)  
**Sent:** Thursday, March 12, 2015 4:06 PM  
**To:** Reinhart, Denise (DCH)  
**Cc:** Dunbar, Paulette Dobyns (DCH); Mayes, Nanette (DCH); Turner, Hillary (DCH); Fink, Brenda (DCH); Peeler, Nancy (DCH)  
**Subject:** RE: 2015 Boilerplate Reports - Reminder  
**Importance:** High

Since Carrie's using her iPad, the images I sent do not appear. The descriptions are on pages 29 and 56:

<image004.png>

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**From:** Tarry, Carrie (DCH)  
**Sent:** Thursday, March 12, 2015 4:00 PM  
**To:** Crawford, Cathy J. (DCH); Reinhart, Denise (DCH)  
**Cc:** Dunbar, Paulette Dobyns (DCH); Mayes, Nanette (DCH); Turner, Hillary (DCH); Fink, Brenda (DCH); Peeler, Nancy (DCH)  
**Subject:** Re: 2015 Boilerplate Reports - Reminder

I left Melissa a message, and will let you know what she says. In the meantime, it doesn't look like 1136 is ours, as in the CASH section. Paulette/Nancy, any ideas?

Denise, thoughts on next steps? Ask Sue M where this belongs since she is listed as the lead and we want to get this to the approp person ASAP so they can start working on it?

Sent from my iPad

On Mar 12, 2015, at 3:13 PM, "Crawford, Cathy J. (DCH)" <[CrawfordC@michigan.gov](mailto:CrawfordC@michigan.gov)> wrote:

I don't know if this helps but....

[http://www.house.michigan.gov/hfa/PDF/LineItemSummaries/line15dc  
h%20line.pdf](http://www.house.michigan.gov/hfa/PDF/LineItemSummaries/line15dc%20line.pdf)

<image001.png>

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**From:** Fink, Brenda (DCH)  
**Sent:** Thursday, March 12, 2015 2:42 PM  
**To:** Tarry, Carrie (DCH)  
**Cc:** Dunbar, Paulette Dobyns (DCH); Crawford, Cathy J. (DCH); Mayes, Nanette (DCH); Turner, Hillary (DCH)  
**Subject:** RE: 2015 Boilerplate Reports - Reminder

Isn't this your federal grant? I'm assuming that's what this is about, I didn't think about what you said. Call Melissa Mires and see if she can clarify??

Brenda Fink, A.C.S.W.  
Director, Division of Family and Community Health  
Michigan Department of Community Health

109 W. Michigan Ave.  
Lansing, MI 48933  
517-335-8863  
Fax: 517-335-8697  
[finkb@michigan.gov](mailto:finkb@michigan.gov)

---

**From:** Tarry, Carrie (DCH)  
**Sent:** Thursday, March 12, 2015 2:35 PM  
**To:** Fink, Brenda (DCH)  
**Cc:** Dunbar, Paulette Dobyns (DCH); Crawford, Cathy J. (DCH); Mayes, Nanette (DCH); Turner, Hillary (DCH)  
**Subject:** Re: 2015 Boilerplate Reports - Reminder

I'm looking at 1136 and I just want to clarify, is this the IM funding that Paulette's area gave us for the pregnant and parenting teens? If not, then I don't think this is our stuff. We just got the IM funding this year and went through a mini RFP process to allocate it to our existing MI-APPP communities to fund additional case management services. Our communities have been hiring case managers and I can see where we are at with #'s served, but just want to make sure we are all talking about the same thing.

Thanks!

Sent from my iPad

On Feb 18, 2015, at 10:53 AM, "Fink, Brenda (DCH)"  
<[FinkB@michigan.gov](mailto:FinkB@michigan.gov)> wrote:

FYI, assume you all are working on these? We need these done several days before 3/18 here to get them ready to go to Kim 5 by 3/18. Deb/5heri---I assume it's actually your admin that submits the FASD one, so assume you're the lead on that one? Obviously we can/will discuss this promptly along w/the budget request/assignment we got. (Deb connected w/me earlier about the FASD one)

---

**From:** Reinhart, Denise (DCH)  
**Sent:** Wednesday, February 18, 2015 10:45 AM  
**To:** Fink, Brenda (DCH)  
**Cc:** Mayes, Nanette (DCH); Travis, Rashmi (DCH)  
**Subject:** 2015 Boilerplate Reports - Reminder

Morning,

I just wanted to remind everyone that we have three boilerplate reports due March 18, 2015:

SECTION	REPORT SPECIFIED – DUE 3/18/15
502(1)	Report on efforts to prevent and combat fetal alcohol syndrome as in efforts to reduce the incidence of fetal alcohol syndrome.

1104(1)	Planned allocations from the amounts appropriated for local MCH s
	care outreach and service delivery support, family planning local ag
	pregnancy prevention programs including funding allocations, numl
	children and adolescents served, and amounts expended for the pr
1136	Report on number of clients served by the pregnancy and parent su
	program.

Please send these reports to me in a word document as  
after it is approved by Rashmi, Mikelle and Sue, I will  
send it, as well as a hard copy, to Kim Stephen.

Thanks,

*Denise E. Reinhart*

Executive Secretary

Michigan Department of Community Health

Bureau of Family, Maternal & Child Health and

Local Health Services

201 Townsend Street, 6<sup>th</sup> Floor

Lansing, MI 48913

Phone: 517-335-9307

Email: [reinhartd@michigan.gov](mailto:reinhartd@michigan.gov)

<2015 Boilerplate Reports.pdf>

## **Dunbar, Paulette Dobynes (DHHS)**

---

**From:** Dunbar, Paulette Dobynes (DCH)  
**Sent:** Friday, March 13, 2015 11:49 AM  
**To:** Wilkins, Rosemary (DCH); Charest, Deanna (DCH)  
**Subject:** FW: 2015 Boilerplate Reports - Reminder

**Importance:** High

This is the language for section 1136 related to the Real Alternatives report.

---

**From:** Crawford, Cathy J. (DCH)  
**Sent:** Thursday, March 12, 2015 5:14 PM  
**To:** Fink, Brenda (DCH); Reinhart, Denise (DCH); Derman, Barbara (DCH)  
**Cc:** Dunbar, Paulette Dobynes (DCH); Mayes, Nanette (DCH); Turner, Hillary (DCH); Peeler, Nancy (DCH); Hennessey, Diane (DCH)  
**Subject:** RE: 2015 Boilerplate Reports - Reminder  
**Importance:** High

I do not see this report posted in any previous years:  
[http://www.michigan.gov/mdch/0,4612,7-132-2946\\_5080-14214--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2946_5080-14214--,00.html)

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**From:** Fink, Brenda (DCH)  
**Sent:** Thursday, March 12, 2015 4:39 PM  
**To:** Crawford, Cathy J. (DCH); Reinhart, Denise (DCH); Derman, Barbara (DCH)  
**Cc:** Dunbar, Paulette Dobynes (DCH); Mayes, Nanette (DCH); Turner, Hillary (DCH); Peeler, Nancy (DCH); Hennessey, Diane (DCH)  
**Subject:** RE: 2015 Boilerplate Reports - Reminder  
**Importance:** High

Ok, THANKS, Cathy! Now I know what this is—it's not Carrie at all. It's Paulette and Quess (and I'll help as needed). Quess, we must have done this last year as well. I suppose we pull that out and update? Diane, please be sure Paulette sees this.

Brenda Fink, A.C.S.W.  
Director, Division of Family and Community Health  
Michigan Department of Community Health  
109 W. Michigan Ave.  
Lansing, MI 48933  
517-335-8863  
Fax: 517-335-8697  
[finkb@michigan.gov](mailto:finkb@michigan.gov)

---

**From:** Crawford, Cathy J. (DCH)  
**Sent:** Thursday, March 12, 2015 4:06 PM  
**To:** Reinhart, Denise (DCH)  
**Cc:** Dunbar, Paulette Dobynes (DCH); Mayes, Nanette (DCH); Turner, Hillary (DCH); Fink, Brenda (DCH); Peeler, Nancy (DCH)  
**Subject:** RE: 2015 Boilerplate Reports - Reminder  
**Importance:** High

Since Carrie's using her ipad, the images I sent do not appear. The descriptions are on pages 29 and 56:

**Sec. 1136. Alternative Pregnancy and Parenting Support Services Program**

Allocates \$800,000 for the alternative pregnancy and parenting support services program to provide enhanced counseling and support for women during pregnancy through 12 months after birth, which promotes childbirth, alternatives to abortion, and grief counseling; and requires a report by April 1, 2015 on the number of clients served.

service delivery support –  
14.0 FTE positions

including: grants to local health departments and other agencies for local evidence-based maternal, infant, and early childhood home visiting programs, including nurse family partnerships, to provide prenatal support services serving at-risk families, pregnant women and teenagers in communities with high infant mortality rates, expansion of comparable home visiting program in rural areas, federal Medicaid matching funds on certain nurse family partnership programs, state coordination of home visiting programs, implement August 2012 infant mortality reduction plan, promote regional perinatal care system, improve health of women of childbearing age, encourage infant safe sleep practices, alternative pregnancy and parenting support program which promotes childbirth and alternatives to abortion, and enhanced support for evidence-based infant mortality programs including client and provider recruitment and strategic planning.

Funding Source(s):	Federal	12,827,700
	GF/GP	7,053,000

*Related Boilerplate Section(s): 218, 1104, 1136, 1137, 1140*

---

**From:** Tarry, Carrie (DCH)

**Sent:** Thursday, March 12, 2015 4:00 PM

**To:** Crawford, Cathy J. (DCH); Reinhart, Denise (DCH)

**Cc:** Dunbar, Paulette Dobynes (DCH); Mayes, Nanette (DCH); Turner, Hillary (DCH); Fink, Brenda (DCH); Peeler, Nancy (DCH)

**Subject:** Re: 2015 Boilerplate Reports - Reminder

I left Melissa a message, and will let you know what she says. In the meantime, it doesn't look like 1136 is ours, as in the CASH section. Paulette/Nancy, any ideas?

Denise, thoughts on next steps? Ask Sue M where this belongs since she is listed as the lead and we want to get this to the approp person ASAP so they can start working on it?

Sent from my iPad

On Mar 12, 2015, at 3:13 PM, "Crawford, Cathy J. (DCH)" <[CrawfordC@michigan.gov](mailto:CrawfordC@michigan.gov)> wrote:

I don't know if this helps but....

<http://www.house.michigan.gov/hfa/PDF/LineItemSummaries/line15dch%20line.pdf>

<image001.png>

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**From:** Fink, Brenda (DCH)

**Sent:** Thursday, March 12, 2015 2:42 PM

**To:** Tarry, Carrie (DCH)

**Cc:** Dunbar, Paulette Dobynes (DCH); Crawford, Cathy J. (DCH); Mayes, Nanette (DCH); Turner, Hillary (DCH)

**Subject:** RE: 2015 Boilerplate Reports - Reminder

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Brenda Fink, A.C.S.W.  
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**Subject:** 2015 Boilerplate Reports - Reminder

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1136	Report on number of clients served by the pregnancy and parent support services program.

Please send these reports to me in a word document as after it is approved by Rashmi, Mikelle and Sue, I will send it, as well as a hard copy, to Kim Stephen.

Thanks,

*Denise E. Reinhart*

Executive Secretary  
Michigan Department of Community Health  
Bureau of Family, Maternal & Child Health and  
Local Health Services  
201 Townsend Street, 6<sup>th</sup> Floor  
Lansing, MI 48913  
Phone: 517-335-9307  
Email: [reinhartd@michigan.gov](mailto:reinhartd@michigan.gov)

<2015 Boilerplate Reports.pdf>

**Derman, Barbara (DHHS)**

---

**From:** Stiles, Judy L. (DCH)  
**Sent:** Friday, August 30, 2013 3:21 PM  
**To:** Zaagman, Amy  
**Cc:** Fink, Brenda (DCH); Gilsdorf, Michelle (DCH); Hennesey, Diane (DCH); Dunbar, Paulette Dobyne (DCH); Derman, Barbara (DCH); Lightning, Jeanette (DCH)  
**Subject:** PA Pregnancy and Parenting Support Slides  
**Attachments:** Attachment1.8.13.pdf; PApregnancyandParentingSlides#2.8.13.pdf

Sending on behalf of Paulette Dobyne Dunbar

These are the slides describing the Pennsylvania Pregnancy and Parenting Support Program. Also, for your convenience we have attached Section 1136 of MDCH's FY 14 Appropriations Legislation. We are hoping to have an appointment scheduled on Wednesday to discuss contractual requirements. Thanks for participating.

*Judy Stiles*

Division of Family and Community Health  
Women and Reproductive Health Unit  
109 W. Michigan Avenue/WSB  
Lansing, MI 48913  
517-335-8929 VM: 517-335-8499  
FAX: 517-335-8822

<b>Prenatal Care Outreach and Service Delivery Support</b> <b>Infant Mortality Reduction</b> <b>Fiscal Year 2013-14</b> <b>Allocations</b>			
Agency/County Served	Counties Served		Funding Allocation
	URBAN	RURAL	
Michigan State University - Native American - Promising Practices in Reducing Infant Mortality	Statewide		\$110,376
Oakland County Health Dept. - Infant Safe Sleep	Oakland		\$22,500
Perinatal Regionalization - Central Line Infection Prevention	Ingham		\$10,000
Perinatal Regionalization - Neonatal Project	Ingham		\$63,554
Real Alternatives - Pregnancy and Parenting Support services pilot project	To Be Determined		\$700,000
Regents of Univ of MI - Promising Practices in Reducing Infant Mortality (3)	Ingham		\$3,835
Saginaw County Health Dept. - Infant Safe Sleep	Saginaw		\$22,500
SEMHA - Infant Mortality Initiative	Statewide		\$33,789

DEPARTMENT OF COMMUNITY HEALTH  
APPROPRIATION # 14289 - PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT  
2014 ALLOCATIONS FOR PREGNANCY AND PARENTING SUPPORT  
URBAN COUNTIES

Contractor		2014 Allocation
Real Alternatives		\$700,000
TOTAL		\$700,000

DEPARTMENT OF COMMUNITY HEALTH  
APPROPRIATION # 14289 - PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT  
2015 ALLOCATIONS FOR PREGNANCY AND PARENTING SUPPORT  
URBAN COUNTIES

Contractor		2015 Allocation
Real Alternatives		\$800,000
TOTAL		\$800,000

**DEPARTMENT OF COMMUNITY HEALTH**  
**APPROPRIATION # 14289 - PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT**  
**2014 EXPENDITURES FOR PREGNANCY AND PARENTING SUPPORT**  
**URBAN COUNTIES**

Counties Served: Allegan, Berrien, Branch, Cass, Kalamazoo, Kent,  
Lapeer, Macomb, Oakland, St. Joseph, Van Buren, Wayne

Contractor		2014 Expenditures	Number of Clients Served
Real Alternatives		\$172,000	403
TOTAL		\$172,000	403

DEPARTMENT OF COMMUNITY HEALTH  
APPROPRIATION # 14289 - PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT  
FY2015-16 ALLOCATIONS FOR PREGNANCY AND PARENTING SUPPORT  
**URBAN COUNTIES**

Contractor		2016 Allocation
Real Alternatives		\$50,000
TOTAL		\$50,000

DEPARTMENT OF COMMUNITY HEALTH  
APPROPRIATION # 14289 - PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT  
FY2014-15 EXPENDITURES FOR PREGNANCY AND PARENTING SUPPORT  
**URBAN COUNTIES**  
Counties Served: Allegan, Berrien, Branch, Cass, Kalamazoo, Kent,  
Lapeer, Macomb, Oakland, St. Joseph, Van Buren, Wayne

Contractor	2014	Number
	Expenditures	of Clients Served
Real Alternatives	\$554,992	1,495
<b>TOTAL</b>	<b>\$554,992</b>	<b>1,495</b>



Attachment Q

Michigan Department Health and Human Services – Bureau of Family Health Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 APPROPRIATION # 1307 - PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT (TANF)  
 FY2016-17 ALLOCATIONS FOR PREGNANCY AND PARENTING SUPPORT  
 URBAN COUNTIES

Contractor		2017 Allocation
Real Alternatives		\$400,000
TOTAL		\$400,000

Legislative Report – Sections 1301, 1307, 1308- PA 268 of 2016  
 Family, Maternal and Children's Health Services

Page 37 of 38  
 04/01/2017

Attachment R

Michigan Department Health and Human Services – Bureau of Family Health Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 APPROPRIATION # 14289 - PRENATAL CARE OUTREACH AND SERVICE DELIVERY SUPPORT  
 FY2015-16 EXPENDITURES FOR PREGNANCY AND PARENTING SUPPORT  
**URBAN COUNTIES**

Counties Served: Berrien, Calhoun, Cass, Kalamazoo, Kent,  
 Macomb, Muskegon, Oakland, St. Joseph, Van Buren, Washtenaw, Wayne

Contractor	2016 Expenditures	Number of Clients Served
Real Alternatives	\$710,126	1,787
<b>TOTAL</b>	<b>\$710,126</b>	<b>1,787</b>